

FORM SUMMARY

Name of Form: **Order on Competency**

Form Number: **CR-280**

Statutory Reference: §971.14(6), Wisconsin Statutes

Benchbook Reference:

Purpose of Form: Order on competency.

Who Completes It: Court.

Who Signs It: **BY THE COURT:** Circuit Court Judge/Circuit Court
Commissioner.

Distribution of Form: Court; copies to district attorney, defense attorney, examiner,
DHFS, Mental Health Institute, defendant.

Addresses for DHFS ,WMHI and MMHI:

- DHFS, Community Forensic Services
1 W. Wilson St., Rm. 850
PO Box 7851, Madison, WI 53707-7851
- WMHI Registrar
PO Box 9, Winnebago, WI 54985
- MMHI Registrar
301 Troy Dr., Madison, WI 53704

Accompanying Forms:

New Form/Modification: Modification; last update 10/07.

Modification: Deleted ORDERS # 4, “The district attorney’s office shall inform
the court of the defendant’s legal and mental status every _____
months.” No statutory authority.

Comments:

About this Form: This form is the product of the Wisconsin Records Management
Committee, a committee of the Director of State Court's Office and
a mandate of the Wisconsin Judicial Conference.

**If you have additional information that does not change the
meaning of the form, attach it on a separate page. The form
itself shall not be altered.**