

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE MATTER OF

Amended

Name \_\_\_\_\_

**Statement of Emergency Protective Placement**

Date of Birth \_\_\_\_\_

Case No. \_\_\_\_\_

- 1. I am  a sheriff or police officer.
- a fire fighter.
- a guardian.
- an authorized representative of the county department or an agency with which it contracts under §55.02(2), Wis. Stats.

2. It appears probable that the individual is so totally incapable of providing for the individual's own care or custody as to create a substantial risk of serious physical harm to the individual or others as a result of a developmental disability, degenerative brain disorder, serious and persistent mental illness or other like incapacities if not immediately placed in an appropriate medical or protective placement facility.

The specific factual information that is the basis for the emergency protective placement, based on personal observation or a reliable report by a person identified to me, is as follows:  See attached

\_\_\_\_\_

- 3. A Petition for Protective Placement is being filed with this statement. A Petition for Guardianship is also being filed unless the individual is
  - A. currently under guardianship; **OR**
  - B. a minor who is alleged to have a developmental disability.

4. The individual was detained at \_\_\_\_\_, [Name of Facility] \_\_\_\_\_, on [Date] \_\_\_\_\_, at [Time] \_\_\_\_\_  a.m.  p.m.

Subject's Street Address	City	County	State	Zip code

\_\_\_\_\_  
Signature of Person Making Placement

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Name of Department

\_\_\_\_\_  
Department's Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

DISTRIBUTION:

- 1. Court
- 2. Individual
- 3. Facility
- 4. Guardian ad Litem
- 5. Department
- 6. Other: \_\_\_\_\_