

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 of Department and Address
Name Printed or Typed	Telephone Number

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