

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Amended

**Petition for
Involuntary Administration
of Psychotropic Medication
 and Petition for
Protective Services**

_____ Date of Birth

Case No. _____

UNDER OATH, I STATE:

- 1. I am interested as
 - Wisconsin Department of Health Services.
 - the county department, or an agency with which the county department contracts, responsible for protective placement and protective services this county.
 - a guardian of the individual.
 - an interested person: (indicate relationship to individual) _____.
 - Other: (indicate relationship to individual) _____

- 2. This petition is filed in the county in which the individual
 - resides.
 - is physically present due to extraordinary circumstances.
 - Explain: _____
 - Other: _____

3. The individual resides in _____ County, State of _____, and the individual's mailing address (Street, City, State and Zip) is _____.

- 4. The name and mailing address of the person or institution with care and custody of the individual or a facility providing care to the individual, if any, is [Name] _____ [Phone Number] _____
[Mailing Address] (Street, City, State and Zip) _____
Type of facility: nursing facility
 community based residential facility
 intermediate facility
 center for developmentally disabled
 Other: _____

Is this facility licensed for 16 or more beds? Yes No

5. The names and mailing addresses of all interested parties and all others entitled to notice are as follows: See attached

NAME	RELATIONSHIP	MAILING ADDRESS (Street, City, State and Zip)

- 6. The individual, if married, does does not have children that are not of the current marriage.
- 7. The individual does does not have a current, valid power of attorney for health care activated.
Name, address and phone: _____

8. A petition for permanent guardianship

- is filed with this petition, or
- was filed and a guardian was previously appointed
 - in this county
 - in another county in this state [Name of guardian and county where appointed] _____
 - in another state [Name of guardian and state where appointed] _____ and a separate petition for receipt and acceptance of a foreign guardianship is filed with this petition for protective services.

9. Protective services were previously ordered on _____ and additional protective services including involuntary administration of psychotropic medication are requested.

COMPLETE QUESTIONS 10 AND 11 ONLY IF THERE IS NOT A CURRENT ORDER FOR PROTECTIVE PLACEMENT OR PROTECTIVE SERVICES.

10. I am requesting protective services for the individual, based upon personal knowledge of the individual, and I state:

- A. The individual is eligible for protective services because the individual
 - has attained the age of 18.
 - is alleged to have a developmental disability and has attained the age of 14.
- B. This is a petition for adult protective services and is initiated not more than 6 months prior to the individual's 18th birthday at which the individual first becomes eligible for services.
- C. The individual was adjudicated incompetent in Wisconsin more than 12 months before the filing of this petition for protective services and a court review is required of the finding of incompetency.
- D. The non-resident individual has a need for protective services and a separate petition to transfer a foreign guardianship was filed whether the individual is present in the state or not.
- E. A comprehensive evaluation by the appropriate board or designated agency is filed. will be filed. A copy of the comprehensive evaluation and any independent comprehensive evaluation will be provided to the individual's guardian, agent under any activated health care power of attorney, guardian ad litem, the individual and the individual's attorney **at least 96 hours in advance of the hearing** to determine protective services.

11. A. The individual **meets all of the standards** for protective services specified in §55.08(2), Wis. Stats., as follows:

- 1. The individual was determined incompetent by a circuit court or is a minor who is alleged to be developmentally disabled and on whose behalf a petition for guardianship was submitted, **and**
- 2. As a result of developmental disability, degenerative brain disorder, serious and persistent mental illness, or other like incapacities, the individual will incur a substantial risk of physical harm or deterioration or will present a substantial risk of physical harm to others if protective services are not provided.

B. The specific facts and details explaining how the individual **meets the standards** for protective services and needs protective services are as follows: **See attached**

ANSWER REMAINING QUESTIONS FOR ALL REQUESTS FOR INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC MEDICATIONS.

- 12. A. A physician has prescribed psychotropic medication for the individual.
- B. The individual is not competent to refuse psychotropic medication.
- C. One of the following is true:
 - 1. The individual refused to take psychotropic medication voluntarily. The reasons for the individual's refusal to take psychotropic medication voluntarily are as follows: **See attached**

Reason for refusal is unknown.
 The following evidence shows that a reasonable number of documented attempts to administer psychotropic medication voluntarily using appropriate interventions that could reasonably be

expected to increase the individual's willingness to take psychotropic medication voluntarily was made and was unsuccessful: See attached

2. Attempting to administer psychotropic medication to the individual voluntarily is not feasible or is not in the best interests of the individual. The specific reasons are as follows: See attached

D. The individual's condition for which psychotropic medication was prescribed is likely to be improved by administration of psychotropic medication and the individual is likely to respond positively to psychotropic medication.

E. Unless psychotropic medication is administered involuntarily, the individual will incur a substantial probability of physical harm, impairment, injury, or debilitation or will present a substantial probability of physical harm to others. The substantial probability of physical harm, impairment, injury, or debilitation is evidenced by one of the following:

1. The individual's history of at least 2 episodes, one of which occurred **within the previous 24 months**, that indicate a pattern of overt activity, attempts, threats to act, or omissions that resulted from the individual's failure to participate in treatment, including psychotropic medication, and that resulted in a finding of probable cause for commitment under §51.20(7), a settlement agreement approved by a court under §51.20(8)(b), or commitment ordered under §51.20(13). The specific facts are as follows: See attached

2. Evidence that the individual **meets one of the dangerousness criteria** set forth in §51.20(1)(a)2. a. through e. is as follows: See attached

13. **REQUIRED ATTACHMENT.** Included with this petition is a written statement signed by a physician who has personal knowledge of the individual that provides general clinical information regarding the appropriate use of psychotropic medication for the individual's condition and specific data that indicates that the individual's condition necessitates the use of psychotropic medication.

I REQUEST THE COURT TO:

1. Order a hearing on this petition.
2. Appoint a guardian ad litem.
3. Make a referral for appointment of legal counsel for the individual.
4. Make appropriate findings that the individual meets the standard for protective services for involuntary administration of psychotropic medication.

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

Name of Attorney/Petitioner	
Address	
Telephone Number	Bar Number

▶ _____
Petitioner

Name Printed or Typed

Address