

FORM SUMMARY

Name of Form: **Petition for Involuntary Administration of Psychotropic Medication (with Petition for Protective Services)**

Form Number: **GN-4170**

Statutory Reference: §§55.14, Wisconsin Statutes

Benchbook Reference:

Purpose of Form: To petition for Involuntary Administration of Psychotropic Medications.

Who Completes It: The petitioner.

Distribution of Form: Court; Individual/Ward; Individual/Ward's Guardian; Corporation Counsel; Individual/Ward's Legal Counsel; Guardian ad litem; Individual/Ward's agent under Power of Attorney for Health Care; Facility in which the Individual resides and County Department of Human Services/Social Worker

Accompanying Forms:

New Form/Modification: Modified; last update 11/12.

Modifications: Added phone number; Power of Attorney language; Added " Other" after I REQUEST THE COURT; Changed individual to ward; Deleted attorney box and Added Distribution list.

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.