

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

Amended

IN THE MATTER OF

**Statement of Noncompliance  
with Order for Involuntary  
Administration of  
Psychotropic Medication**

\_\_\_\_\_  
Name

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

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

**UNDER OATH I STATE:**

1. An Order for Involuntary Administration of Psychotropic Medication was issued by the Court on \_\_\_\_\_.
2. Upon information and belief, the ward is not in compliance with the Order because he or she refuses to take psychotropic medication as ordered under the treatment plan. A statement of facts which constitutes the basis for the noncompliance of the ward is as follows:  
\_\_\_\_\_
3. It is necessary for the ward to be transported to \_\_\_\_\_ or another appropriate facility for forcible restraint for administration of psychotropic medication.

**I REQUEST THE COURT:**

Issue an order authorizing the sheriff or any other law enforcement agency in the county in which the ward is found or in which it is believed that the ward may be present to take the ward into custody and transport him or her to an appropriate facility for administration of psychotropic medication using forcible restraint, with consent of the guardian.

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Subscribed and sworn to before me on \_\_\_\_\_  
\_\_\_\_\_  
Notary Public/Court Official

\_\_\_\_\_  
Name Printed or Typed  
My commission/term expires: \_\_\_\_\_

This notarial act involved the use of communication technology.

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Subscribed and sworn to before me on \_\_\_\_\_  
\_\_\_\_\_  
Notary Public/Court Official

\_\_\_\_\_  
Name Printed or Typed  
My commission/term expires: \_\_\_\_\_

This notarial act involved the use of communication technology.

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Subscribed and sworn to before me on \_\_\_\_\_  
\_\_\_\_\_  
Notary Public/Court Official

\_\_\_\_\_  
Name Printed or Typed  
My commission/term expires: \_\_\_\_\_

This notarial act involved the use of communication technology.

\_\_\_\_\_  
Corporation Counsel's Signature  
\_\_\_\_\_  
Name Printed or Typed  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Email Address Telephone Number  
\_\_\_\_\_  
Date State Bar No. (if any)

\_\_\_\_\_  
Guardian's Signature  
\_\_\_\_\_  
Name Printed or Typed  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Email Address  
\_\_\_\_\_  
Telephone Number Date

\_\_\_\_\_  
Signature – Director or Designee of the County Department or Agency that  
has contracted to develop and administer the treatment plan  
\_\_\_\_\_  
Name Printed or Typed  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Email Address Telephone Number  
\_\_\_\_\_  
Date State Bar No. (if any)