

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: _____

Signature – Corporation Counsel	
Name Printed or Typed	Telephone Number

State of _____
 County of _____
 Subscribed and sworn to before me on _____

 Notary Public/Court Official

 Name Printed or Typed
 My commission/term expires: _____

Signature – Ward's Guardian	
Name Printed or Typed	Telephone Number

State of _____
 County of _____
 Subscribed and sworn to before me on _____

 Notary Public/Court Official

 Name Printed or Typed
 My commission/term expires: _____

Signature – Director or Designee of the County Department or Agency that has contracted to develop and administer the treatment plan	
Name Printed or Typed	Telephone Number