

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

Amended

IN THE MATTER OF

**Petition for Modification of
Order for Protective
Placement or Protective
Services**

Date of Birth

Case No. _____

UNDER OATH, I STATE:

1. I am interested as:

- the individual under protective placement or receiving protective services.
- the individual's guardian.
- the individual's legal counsel or guardian ad litem.
- the Wisconsin Department of Health Services.
- the county department that placed the individual or provided the protective services under an order of the court.
- an agency with which the county department contracts under §55.02(2).
- an interested person: _____

2. There has has not been a hearing held on a court-ordered protective placement for the individual or on a petition for court-ordered protective services or transfer of protective placement with respect to the individual within the **previous 6 months**.

MODIFICATION OF ORDER FOR PROTECTIVE PLACEMENT

3. This individual is currently placed in:

Name of facility: _____
Address of facility: _____

4. The protective placement:

- is not in the least restrictive environment** because protective placement:
 - is not in the least restrictive environment and the least restrictive manner that is consistent with the needs of the individual and with the resources of the county department.
 - is not consistent with the factors required to be considered by the county department in providing protective placement.
 - is not consistent with the required funding that the county is required to provide.
- in a facility with a higher level of restrictiveness would be:
 - in the least restrictive environment and the least restrictive manner that is consistent with the needs of the individual and with the resources of the county department.
 - consistent with the factors required to be considered by the county department in providing protective placement.
 - consistent with the required funding that the county is required to provide.
- in a different facility with the same level of restrictiveness as the current placement would be more:
 - consistent with the factors required to be considered by the county department in providing protective placement.
 - consistent with the required funding that the county is required to provide for reasons unrelated to the level of restrictiveness.

5. The specific facts underlying the request for modification are as follows:

See attached

MODIFICATION OF ORDER FOR PROTECTIVE SERVICES

- 6.** Protective services (other than involuntary administration of psychotropic medication) **are not being provided in the least restrictive environment or manner** because protective services:
 - are not in the least restrictive environment and the least restrictive manner that is consistent with the needs of the individual and with the resources of the county department.
 - are not consistent with the factors required to be considered by the county department in providing protective services.
 - are not consistent with the required funding that the county is required to provide.

7. Modification of the order or treatment plan for involuntary administration of psychotropic medication for the individual would be in his/her best interests.

8. The specific facts underlying the request for modification are as follows: **See attached**

I REQUEST THAT THE COURT:

1. Order a hearing on this petition.
2. Make appropriate findings as requested above.
3. Order modification of the protective placement for the individual that is consistent with the requirements for providing protective placement.
4. Order modification of the protective services for the individual that is consistent with the requirements for providing protective services.
5. Order modification of the order or treatment plan for involuntary administration of psychotropic medication for the individual that is consistent with the requirements for providing protective services.
6. Award appropriate fees and costs.

Subscribed and sworn to before me
on _____

Notary Public/Court Official

My commission expires: _____

Signature of Petitioner

Name Printed or Typed

Address

Name of Attorney	
Address	
Telephone Number	Bar Number