

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

IN THE MATTER OF THE CONDITION OF

**Statement of  
Emergency Detention by  
Law Enforcement Officer**

Name of Subject \_\_\_\_\_

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

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

Law Enforcement

Agency No. \_\_\_\_\_

- **File this statement with the court immediately and with the detention facility upon admission. A probable cause hearing must be held within 72 hours after the subject is taken into custody. (In Milwaukee County, file this statement with detention facility only.)**
- **Please print or type all information below. All blanks must be filled in.**

I am a law enforcement officer and have cause to believe that:

- The subject is mentally ill, drug dependent, or developmentally disabled.
- The subject evidences behavior which constitutes a substantial probability of physical harm to self or to others, or as otherwise set forth in §51.15(1), Wisconsin Statutes.
- Taking the subject into custody is the least restrictive alternative appropriate to the subject's needs.

My belief is based on specific and recent dangerous acts, attempts, threats, omissions, and/or statements made by the subject as observed by me or reliably reported to me as stated below:

**Dangerous Behavior**

**When:** \_\_\_\_\_

**Where:** \_\_\_\_\_

**Describe Behavior:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

See attached page

Witnesses to the dangerous behavior: (including officers who observed behavior)

Name of Witness	Telephone	Mailing Address	Relationship

[Name] \_\_\_\_\_ of the \_\_\_\_\_ County department of community programs (§51.42(3), Wis. Stats.) board approves the need for this detention.

The subject was taken into custody for the purposes of this emergency detention on [Date] \_\_\_\_\_ at [Time] \_\_\_\_\_  am.  pm.

The potential detention facility is \_\_\_\_\_.

Subject's Street Address	City	County	State	Zip Code	Phone Number
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**DISTRIBUTION:**

1. Court
2. §51.15(2) Detention Facility
3. Subject with Notice of Rights

Signature of Officer	Department
Name Printed or Typed	Telephone