

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE CONDITION OF

Name of Subject _____

Petition for Examination

Date of Birth _____

Case No. _____

This document was drafted by _____ County Corporation Counsel
[Name] _____ as required by law.

UNDER OATH, we petition the Court to examine the condition of the subject, who resides in [County] _____
at _____, and allege that:

A. The subject is mentally ill, drug dependent, or developmentally disabled and a proper subject for treatment because:

See attached

B. The subject is dangerous to himself/herself or others as defined by §51.20(1)(a)2., Wis. Stats.

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

C. The following petitioner(s) has personal knowledge of the conduct of the subject:

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Relationship to Subject</u>
1)				
2)				
3)				

D. The following petitioner(s) does not have personal knowledge of the conduct of the subject but bases his/her belief
on the following:

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Relationship to Subject</u>
1)				

Basis for Belief: _____

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Relationship to Subject</u>
2)				

Basis for Belief: _____

E. In addition to the petitioners, the following person(s) may testify in support of this Petition:

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>

F. The names and post office address of subject's: *(If unknown or inapplicable, so state.)*

<u>Spouse</u>	<u>Post Office Address</u>
<u>Adult Children</u>	<u>Post Office Address</u>
<u>Parents or Guardian</u>	<u>Post Office Address</u>
<u>Custodian</u>	<u>Post Office Address</u>
<u>Brothers/Sisters</u>	<u>Post Office Address</u>
<u>Person(s) With Whom Subject Resides</u>	<u>Post Office Address</u>

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

 Notary Public/Court Official

 Name Printed or Typed
 My commission/term expires: _____

SIGNATURE OF PETITIONER	NAME PRINTED OR TYPED