

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

IN THE MATTER OF THE CONDITION OF

**Statement of  
Emergency Detention  
by District Attorney or  
Corporation Counsel**

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

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

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

- **File this statement with the detention facility and court immediately. A probable cause hearing must be held within 72 hours of detention.**
- **Please print or type all information below. All blanks must be filled in.**

I am the District Attorney/Corporation Counsel for \_\_\_\_\_ County and state 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, as set forth in §51.15, Wis. Stats.
- I am authorized to file this statement by court order (copy attached), pursuant to §971.14(6)(b), Wis. Stats.

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

**Dangerous Behavior:**

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

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

**Describe Behavior (summarize below and attach a copy of the Criminal Complaint):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

See attached page

**Witnesses to the dangerous behavior:**

Name of Witness	Telephone	Address	Relationship

The subject was detained at [Name of Mental Health Facility and Unit] \_\_\_\_\_

on [Date] \_\_\_\_\_, at [Time] \_\_\_\_\_  a.m.  p.m.

Subject's Street Address	City	County	State
Signature			Title
Name Printed or Typed			Telephone

**DISTRIBUTION:**

1. Court
2. Mental Health Detention Facility
3. Subject with Notice of Rights