

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

IN THE MATTER OF THE CONDITION OF

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

**Treatment Conditions**

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

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

- 1. The court has ordered the following outpatient treatment conditions pending the final hearing: **or**
- 2. The appropriate department imposes the following outpatient treatment plan and condition:

*(Check all that apply)*

- A. Keep appointments with court-appointed examiners.
- B. Take all doses of psychotropic medication prescribed for me.
- C. Keep all appointments with treatment providers and case management staff.
- D. Cooperate with psychological and/or psychiatric testing and therapy.
- E. Keep case management or treatment staff advised of current residential address or location.
- F. Refrain from any acts, attempts, or threats to harm myself or others.
- G. Refrain from ingesting any controlled substances not prescribed for me.
- H. Refrain from consuming alcoholic beverages.
- I. Other conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that if I violate any of these conditions, I may be taken into custody by law enforcement and transferred to an inpatient facility.

I agree to comply with these conditions.

\_\_\_\_\_  
Subject's Signature

\_\_\_\_\_  
Date

**DISTRIBUTION:**

- 1. Court
- 2. Subject
- 3. Counsel
- 4. Treatment Provider
- 5. Outpatient Treatment Facility

Copy given to subject on: \_\_\_\_\_

By: \_\_\_\_\_  
Print Name