

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

IN THE MATTER OF THE CONDITION OF

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

**Petition for Examination  
(Fifth Standard Under  
§51.20(1)(a)2.e, Wis. Stats.)**

\_\_\_\_\_  
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 [Address] \_\_\_\_\_, and allege that

A. the subject is mentally ill and a proper subject for treatment because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Attach additional page if necessary.*

B. all of the following exists for the subject:

1. The advantages and disadvantages of and alternatives to accepting a particular medication or treatment have been recently explained to the subject on [Date] \_\_\_\_\_; and
2. Due to mental illness, the subject is incapable of expressing an understanding of the advantages and disadvantages of accepting medication or treatment and the alternatives available, or the subject is substantially incapable of applying an understanding of the advantages and disadvantages and alternatives to his or her own mental illness in order to make an informed choice as to whether to accept or refuse medication or treatment; and
3. There is a substantial probability, as demonstrated by both the subject's treatment history and the subject's recent acts or omissions, that the subject needs care or treatment to prevent further disability or deterioration, and further, there exists a substantial probability that if left untreated the subject will lack the services necessary for his or her health or safety, and will suffer severe mental, emotional or physical harm that will result in loss of ability to function independently in the community or the loss of cognitive or volitional control over the subject's thoughts or actions; and
4. There is a reasonable probability that the subject will not avail himself or herself of services in the community for care or treatment necessary to prevent the subject from suffering severe mental, emotional or physical harm, and the subject is not appropriate for protective placement under §55.06, Wisconsin Statutes.

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

	Name	Address	Telephone	Relationship to Subject
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: \_\_\_\_\_

2)				
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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: \_\_\_\_\_

<b>SIGNATURE OF PETITIONER</b>	<b>NAME PRINTED OR TYPED</b>