

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE CONDITION OF

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

Name of Subject _____

Date of Birth _____

Case No. _____

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

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:

	Name	Address	Telephone	Relationship to Subject
1.				

Basis for Belief: _____

	Name	Address	Telephone	Relationship to Subject
2.				

Basis for Belief: _____

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


	Name	Address	Telephone

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

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

I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.



 Petitioner


 Name Printed or Typed

 Address

 Email Address Telephone Number

 Date State Bar No. (if any)

I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.



 Petitioner


 Name Printed or Typed

 Address

 Email Address Telephone Number

 Date State Bar No. (if any)

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 Date State Bar No. (if any)