

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE CONDITION OF

Order for Hearing on Medication or Treatment

Name of Subject _____

Case No. _____

Date of Birth _____

The physician's report for medication or treatment and request for hearing has been filed.

IT IS ORDERED a hearing shall be held:

Date	Time	Location (Include Room No.)
Court Official		

- 1. The subject shall appear.
- 2. Transportation of the subject to and from the court and the treatment facility shall be provided by
 - the sheriff.
 - Other: _____Name of treatment facility: _____

If you require reasonable accommodations due to a disability to participate in the court process, please call _____ prior to the scheduled court date. Please note that the court does not provide transportation.

- DISTRIBUTION:
- 1. Court
 - 2. Subject
 - 3. Subject's counsel
 - 4. Corporation counsel
 - 5. Treatment providers
 - 6. Other interested persons