

IN THE MATTER OF THE CONDITION OF

**Petition for Examination of a
State Prison Inmate
§51.20 (1)(ar)**

Name of Subject Inmate _____

Date of Birth _____

Case No. _____

UNDER OATH:

We petition the court to examine the condition of the subject inmate who is incarcerated at [Name of state prison] _____ and allege that

1. the subject inmate is mentally ill, a proper subject for treatment and in need of either outpatient treatment in the prison or inpatient treatment at a state treatment facility because: _____ **Also attach required reports.**
2. appropriate less restrictive forms of treatment were attempted with the subject inmate and were unsuccessful, including: _____
3. the subject inmate has been fully informed of his/her treatment needs, available mental health services and rights under Chapter 51, Wisconsin Statutes and has had an opportunity to discuss these matters with a licensed physician or licensed psychologist.

IN ADDITION, the petitioners provide the following information:

1. The subject inmate's sentence is _____ and expected date of release is _____.
2. The following petitioner(s) has personal knowledge of the conduct of the subject:

Name	Mailing Address	Telephone Number	Relationship to Subject
a)			
b)			
c)			

3. The following petitioner(s) does not have personal knowledge of the conduct of the subject:

Name	Mailing Address	Telephone Number	Relationship to Subject
a)			

State basis for belief: _____

Name	Mailing Address	Telephone Number	Relationship to Subject
b)			

State basis for belief: _____

4. In addition to the petitioners, the following person(s) may testify in support of this Petition:

Name	Mailing Address	Telephone Number

5. The names and mailing address of subject inmate's: *(If unknown or inapplicable, so state.)*

Spouse	Mailing Address

Adult Children	Mailing Address

Parents or Guardian	Mailing Address

Custodian	Mailing Address

Brothers/Sisters	Mailing Address

Person(s) With Whom Subject Resides	Mailing Address

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

Signature of Petitioner	Name Printed or Typed
▶	
▶	
▶	

DISTRIBUTION:

1. Court
2. Subject
3. Parent(s)/Legal Guardian(s)/Custodian
4. Division of Disability and Elder Services
5. Treatment Facility