

## FORM SUMMARY

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<b>Name of Form:</b>	<b>Petition for Examination of a State Prison Inmate (§51.20(1) (ar), Wis. Stats.)</b>
<b>Form Number:</b>	<b>ME-934</b>
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<b>Statutory Reference:</b>	§51.20(1)(ar), Wisconsin Statutes
<b>Benchbook Reference:</b>	MH 1-9
<b>Purpose of Form:</b>	This form initiates involuntary civil commitment proceedings of an inmate of a state prison who is alleged to be mentally ill to receive outpatient treatment in prison, or inpatient treatment at a state facility because appropriate treatment is not available in the prison.
<b>Who Completes It:</b>	This form must be completed by the county corporation counsel, and must be sworn to be true and signed by 3 adults, at least one of whom has personal knowledge of the conduct of the subject prison inmate.
<b>Distribution of Form:</b>	The original document must be filed by the county corporation counsel with the probate court for the county where the inmate is present or the county of the inmate's legal residence. A copy must be provided to the subject inmate prior to court hearing. A second copy must be provided to the detention facility at the time of admission of the inmate if detained.
<b>Accompanying Forms:</b>	Signed statement by a licensed physician or a licensed psychologist of a state prison and a signed statement by a licensed physician or a licensed psychologist of a state treatment facility attesting either that the inmate needs inpatient treatment at a state treatment facility because appropriate treatment is not available in the prison or that the inmate's treatment needs can be met on an outpatient basis in the prison.
<b>New Form/Modification:</b>	Modified; last update 11/19.
<b>Modifications:</b>	Added remote notary statement pursuant to 2019 WI Act 125.
<b>Comments:</b>	This form is not to be used for any county jail or house of correction inmates.
<b>About this Form:</b>	This form is the product of the Wisconsin Records Management Committee, a committee of the Director of State Court's Office and a mandate of the Wisconsin Judicial Conference.

**If you have additional information that does not change the meaning of the form, attach it on a separate page. The form itself shall not be altered.**