

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE CONDITION OF

Amended

Name of Subject Individual

**Evaluation, Recommendation,
and Petition for Recommitment**

Date of Birth

Case No. _____

DEPARTMENT EVALUATION/RECOMMENDATION:

1. The subject individual, who resides at [Address] _____,
[Phone Number] _____ is currently under an order of commitment, entered in [County] _____,
_____ , which is due to expire on [Date] _____.
2. The subject individual is mentally ill, developmentally disabled or drug dependent, and a proper subject for treatment.
3. The subject individual is dangerous because there is a substantial likelihood, based on the subject individual's treatment record, that the subject individual would be a proper subject for commitment if treatment is withdrawn.
4. A recommitment of the subject individual is is not recommended by this department for the protection of society, the subject individual, or both.
5. In support of the above conclusions, the following treatment summary and mental evaluation of the subject individual is provided: _____

See attached

PETITION:

Based on the department's evaluation and recommendation, the undersigned petitions the Court for a hearing for recommitment of the subject individual.

Location of Hearing: _____

Date of Hearing: _____ Time of Hearing: _____ a.m. p.m.

Date to be set by Court.

The following people will be available to testify to the basis for the recommitment:

Name	Phone Number	Program and/or Agency or Facility and Address

Corporation Counsel/Department Representative

Name Printed or Typed

Date

CONFIDENTIAL COURT RECORD