

For Official Use

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

State of Wisconsin, Plaintiff
-VS-
_____, Defendant
Name

**Order for Supplementary
Mental Examination
(Not Guilty by Reason of
Mental Disease or Defect)**

Date of Birth

Case No. _____

Defendant's:

Present Location (Include municipality and county)

THE COURT FINDS:

1. The defendant was committed to the Department of Health Services (DHS) on [Date] _____.
A copy of the Order of Commitment is attached.
2. The court lacks sufficient information to determine whether the commitment should be for institutional care or conditional release.

THE COURT ORDERS:

1. A supplementary mental examination be conducted by
 - a. Department of Health Services.
The sheriff shall
 - arrange for transportation of the defendant to the examining facility within 48 hours after notification;
 - return the defendant to the jail within 48 hours, after receiving notice from the examining facility that the examination has been completed.
 - OR
 - b. Other examiner: _____
The defendant shall
 - be examined on [Date] _____, at [Time] _____ A.M. P.M. at [Location] _____
 - OR
 - schedule an appointment with the examiner within 24 hours of the date of this order.
 - The clerk to attach a copy of the commitment order with its attachments.
 - The cost of the examination be paid by _____.
2. All the defendant's treatment records requested by the investigator be released to the investigator.
3. The examination be completed and a report filed within 15 days from the date of this order.
4. A hearing be held on [Date] _____ at [Time] _____ A.M. P.M..

Additional information or concerns, if any:

THIS IS A FINAL ORDER FOR PURPOSES OF APPEAL IF SIGNED BY A CIRCUIT COURT JUDGE.

BY THE COURT:

 Circuit Court Judge Clerk of Circuit Court

Name Printed or Typed

Date

DISTRIBUTION:

1. Court – Original
2. District Attorney
3. Defendant/Attorney
4. Department of Health Services or examiners