

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE CONDITION OF

Treatment Conditions

Name of Subject

Case No. _____

Date of Birth

- The court has ordered the following outpatient treatment conditions pending the final hearing: **or,**
- The appropriate department imposes the following outpatient treatment plan and condition:

Check all that apply.

- Keep appointments with court-appointed examiners.
- Take all doses of psychotropic medication prescribed for me.
- Keep all appointments with treatment providers and case management staff.
- Cooperate with psychological and/or psychiatric testing and therapy.
- Keep case management or treatment staff advised of current residential address or location.
- Refrain from any acts, attempts, or threats to harm myself or others.
- Refrain from ingesting any controlled substances not prescribed for me.
- Refrain from consuming alcoholic beverages.
- Other conditions: _____

I understand that if I violate any of these conditions, I may be taken into custody by law enforcement and transferred to an inpatient facility.

I agree to comply with these conditions.

Subject's Signature

Date

Distribution:

1. Court – Original
2. Subject
3. Counsel
4. Treatment Provider
5. Outpatient Treatment Facility

Copy given to subject on: _____

By: _____
Print Name