

IN THE MATTER OF
THE CONDITION OF:

**PETITION FOR EXAMINATION
PURSUANT TO SECTION 51.20,
WISCONSIN STATUTES**

d/o/b: _____

File No.: _____

Alleged to be Mentally Ill, Drug
Dependent or Developmentally Disabled.

Under oath, we, the petitioners, _____, _____ and _____, (all adult persons) petition the Court for an examination of the condition of the subject individual, _____, who resides in Langlade County at the following address: _____.

Petitioners allege that:

1. The subject individual to be examined is, in the opinion of the petitioners, based on the representations hereinafter made, mentally ill, drug dependent or developmentally disabled and a proper subject for treatment.
2. The subject individual is dangerous because he/she does any of the following:
 - a. Evidences a substantial probability of physical harm to himself/herself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm.
 - b. Evidences a substantial probability of physical harm to other individuals as manifested by evidence of recent homicidal or other violent behavior, or by evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt or threat to do serious physical harm.
 - c. Evidences such impaired judgment, manifested by evidence of a pattern of recent acts or omissions, that there is a substantial probability of physical impairment or injury to himself/herself. The probability of physical impairment or injury is not substantial under this paragraph if reasonable provision for the subject individual's protection is available in the community and there is a reasonable probability that the individual will avail himself/herself of these services, if the individual may be provided protective placement or protective services under Chapter 55, or, in the case of a minor, if the individual is appropriate for services or placement under Section 48.13(4) or (11) or 938.13(4).

d. Evidences behavior manifested by recent acts or omissions that, due to mental illness, he/she is unable to satisfy basic needs for nourishment, medical care, shelter or safety without prompt and adequate treatment so that a substantial probability exists that death, serious physical injury, serious physical debilitation, or serious physical disease will imminently ensue unless the individual receives prompt and adequate treatment for this mental illness. No substantial probability of harm under this paragraph exists if reasonable provision for the individual's treatment and protection is available in the community and there is a reasonable probability that the individual will avail himself/herself of these services, if the individual may be provided protective placement or protective services under Chapter 55, or, in the case of a minor, if the individual is appropriate for services or placement under Section 48.13(4) or (11) or 938.13(4).

3. The basis for the representations contained in Paragraphs 1 and 2 above consists in part of the following conduct of the subject individual occurring at a period of time commencing on or about the ____ day of _____, 20____:

CONDUCT DESCRIBED ON ATTACHED STATEMENTS.

The aforementioned conduct has been personally observed by petitioners, _____, _____ and _____.

Petitioners, if any, who have not personally observed the aforementioned conduct, believe that their informants are reliable and credible and that the conduct as described is factual. The basis for the belief of petitioner(s) who have not observed the conduct is:

BASIS FOR BELIEF DESCRIBED ON ATTACHED STATEMENTS.

4. Petitioners' names, mailing addresses, telephone numbers and their relationship to the subject individual are as follows:

5. The names, mailing addresses and telephone numbers (if known) of the subject individual's spouse, adult children, parents or guardian, custodian, brothers, sisters and person with whom subject resides are:

6. The following person(s) may also testify in support of this petition (name, mailing address, telephone number and relationship to subject individual):

WHEREFORE, we, the undersigned petitioners, request an examination to determine the subject individual's condition (mentally ill, drug dependent or developmentally disabled) and for such orders as may be necessary.

Petitioner

Petitioner

Petitioner

STATE OF WISCONSIN)
)ss.
COUNTY OF LANGLADE)

_____, being first duly sworn on oath, says that he/she is one of the petitioners above named; that he/she has read the foregoing petition and knows the contents thereof, and that the same is true to his/her own knowledge, except as to the matters observed by others, and as to those observations, he/she believes them to be true.

Petitioner

Subscribed and sworn to before me
this ____ day of _____, 20____.

Notary Public, State of Wisconsin
My commission is: _____.

STATE OF WISCONSIN)
)ss.
COUNTY OF LANGLADE)

_____, being first duly sworn on oath, says that he/she is one of the petitioners above named; that he/she has read the foregoing petition and knows the contents thereof, and that the same is true to his/her own knowledge, except as to the matters observed by others, and as to those observations, he/she believes them to be true.

Petitioner

Subscribed and sworn to before me
this ____ day of _____, 20____.

Notary Public, State of Wisconsin
My commission is: _____.

STATE OF WISCONSIN)
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COUNTY OF LANGLADE)

_____, being first duly sworn on oath, says that he/she is one of the petitioners above named; that he/she has read the foregoing petition and knows the contents thereof, and that the same is true to his/her own knowledge, except as to the matters observed by others, and as to those observations, he/she believes them to be true.

Petitioner

Subscribed and sworn to before me
this ____ day of _____, 20____.

Notary Public, State of Wisconsin
My commission is: _____.

In the Matter of the Petition
For Examination of:

(Subject Individual)

I believe the subject individual is mentally ill, drug dependent or developmentally disabled and he/she is dangerous because he/she evidences behavior which constitutes a substantial probability of physical harm to himself/herself or to others. My belief is based on the following specific/recent dangerous or violent acts, threats of or attempts at suicide or serious bodily harm, or omissions. The subject individual is in need of treatment because: (Give specific/recent examples of words and/or actions to support your belief. Cite dates wherever possible.)

Dated in _____, Wisconsin on the ____ day of _____, 20____.

Signature: _____

Address: _____

Telephone: _____

In the Matter of the Petition
For Examination of:

(Subject Individual)

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