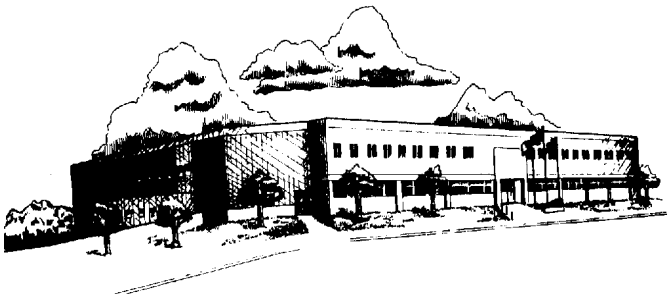

ST. CROIX COUNTY
WISCONSIN
OFFICE OF CORPORATION COUNSEL
ST. CROIX COUNTY GOVERNMENT CENTER
1101 Carmichael Road
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INVOLUNTARY COMMITMENT QUESTIONNAIRE
Mental Illness – Wis. Stats. § 51.20

PETITIONER INFORMATION:

Name: _____
Address: _____
Phone number: (home)_____ (work)_____
Relationship to subject individual: _____

SUBJECT INDIVIDUAL INFORMATION:

Name: _____
Address: _____
Phone number: (home)_____ (work)_____

I, _____, (petitioner's name) submit the following information for the purpose of an involuntary commitment of _____ (subject individual's name) for mental illness under Wis. Stats. § 51.20.

1. The subject individual appears to have a mental illness as shown by the following **recent** examples – for all examples, please be as specific as possible:
   a. Currently sees Dr. _____ at _____
   _____.

   b. Currently takes the following medications:
   _____
   _____

   c. Examples:
   _____
   _____

☐ The information contained in question #1 is based on personal knowledge. I saw the incidents occur and/or the subject individual told me the information.

☐ The information contained in question #1 is not based on personal knowledge. I learned/heard the information from the following sources:

_____

_____

_____

2. Subject individual is dangerous to him/herself as shown by **recent** acts, attempts or threats to harm him/herself (specific examples):

_____

_____

_____

_____

_____

_____

☐ The information contained in question #2 is based on personal knowledge. I saw the incidents occur and/or the subject individual told me the information.

☐ The information contained in question #2 is not based on personal knowledge. I learned/heard the information from the following sources:

_____

_____

_____

3. Subject individual is dangerous to others as shown by **recent** acts, attempts or threats to harm others. Please state who was threatened and what was the threat:

_____

_____

_____

_____

_____

_____

☐ The information contained in question #3 is based on personal knowledge. I saw the incidents occur and/or the subject individual told me the information.

☐ The information contained in question #3 is not based on personal knowledge. I learned/heard the information from the following sources:

_____

_____

_____

4. Subject individual is not able to care for his/her basic needs (food, shelter, personal hygiene) as shown by the following **recent** examples:

_____
_____
_____
_____
_____
_____

☐ The information contained in question #4 is based on personal knowledge. I saw the incidents occur and/or the subject individual told me the information.

☐ The information contained in question #4 is not based on personal knowledge. I learned/heard the information from the following sources:

_____
_____
_____

5. Is the subject individual currently employed? _____YES_____NO
   If yes, where?_____

6. List anyone else that may have additional information regarding the subject individual's condition:

Names:_____ Phone #_____
_____ _____
_____ _____
_____ _____
_____ _____

7. Attach additional statements or reports if necessary.

_____ _____
Signature Date

Upon completion of this form, it should be returned to either the Office of Corporation Counsel or the Department of Health and Human Services – Behavioral Health Department.