



**ST. CROIX COUNTY
WISCONSIN
OFFICE OF CORPORATION COUNSEL
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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 – Mental Health Department.*