

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE MATTER OF THE CONDITION OF

\_\_\_\_\_  
Name of Subject

**Statement of  
Emergency Detention by  
Treatment Director**

\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

- **File this statement with the detention facility and court immediately. A probable cause hearing must be held within 72 hours of detention.**
- **Please print or type all information below. All blanks must be filled in.**

I am a treatment director/treatment director's designee of [Mental Health Facility] \_\_\_\_\_ and state:

- The subject is mentally ill, drug dependent, or developmentally disabled.
- The subject evidences behavior which constitutes a substantial probability of physical harm to self or to others, as set forth in §51.15, Wisconsin Statutes.

My belief is based on specific and recent dangerous acts, attempts, threats or omissions by the subject as observed by me or reliably reported to me as stated below:

**Dangerous Behavior:**

**When:** \_\_\_\_\_

**Where:** \_\_\_\_\_

**Describe Behavior:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See attached page

Witnesses to the dangerous behavior:

Name of Witness	Telephone	Address	Relationship

The subject was detained on [Date] \_\_\_\_\_, at [Time] \_\_\_\_\_  am.  pm. (Detention occurs when subject requests discharge.)

Subject's Street Address	City	County	State
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- DISTRIBUTION:
1. Court
  2. Subject with Notice of Rights

Signature of Director or Designee	
Name Printed or Typed	Telephone