

FORM SUMMARY

Name of Form: Treatment Conditions

Form Number: ME-912

Statutory Reference: §§51.20(8)(a), 51.20(9), 51.20(13)(dm), 51.35(1)(a), Wisconsin Statutes

Benchbook Reference: MH 1-17

Purpose of Form:

- To provide outpatient treatment conditions ordered by the court pending final hearing.
- To provide the treatment conditions required by the appropriate department for a conditional transfer.
- To provide notice to the subject of the conditions.

Who Completes It: Corporation counsel or appropriate department.

Distribution of Form: Original to court, copy to subject, counsel, treatment provider, and treatment facility

Accompanying Forms:

New Form/Modification: Modified; last update 12/02.

Modifications: Pursuant to 2019 WI Act 30, added party/attorney address, email address and telephone number.

Comments: Added court's authority under 51.20(8)(a) to order outpatient conditions pending final hearing. Modified to reflect the provisions to 51.20(13)(dm) and 51.35(1)(a).

About this Form: This form is the product of the Wisconsin Records Management Committee, a committee of the Director of State Court's Office and a mandate of the Wisconsin Judicial Conference.

If you have additional information that does not change the meaning of the form, attach it on a separate page. The form itself shall not be altered.