

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Amended

Name

Date of Birth

**Petition for
Order Authorizing
Involuntary Administration of
Psychotropic Medications
(Annual Review)**


Case No. _____

I STATE:

1. I am a representative of the county department of the ward's county of residence.
2. The ward is the subject of an Order Authorizing Involuntary Administration of Psychotropic Medications.
3. This ward resides at
Address: _____
Name of facility and contact person and phone number (if any)
Facility Name: _____
Contact Person Name: _____
Contact Person Phone Number: _____
Guardian(s) Name: _____
Guardian(s) Phone number(s): _____
4. The county department's annual report of the review of the status of the ward was filed or will be filed. A copy of this report was provided to the ward, guardian of the ward, and the ward's agent under any activated Power of Attorney for Health Care.

I REQUEST THE COURT:

1. Review the status of the Order Authorizing Involuntary Administration of Psychotropic Medication to the ward.
2. Other: _____

 _____
Petitioner

Name Printed or Typed

Address

Email Address

Telephone Number Date