

FORM SUMMARY

Name of Form:	Order for Supervised Release
Form Number:	CR-239
Statutory Reference:	§§980.07 and 980.08, Wisconsin Statutes
Benchbook Reference:	CR 50
Purpose of Form:	A certified copy to Dept. of Health Services (institution). Copies to district attorney, defense attorney, Department of Corrections, §51.42 Board (of county of respondent's residence), sheriff (of county where respondent will reside) and municipal police department (where respondent will reside).
Who Completes It:	Court.
Who Signs It:	BY THE COURT: Circuit Court Judge/Clerk of Circuit Court. THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL.
Accompanying Forms:	None.
New Form/Modification:	Modified; last update 05/14.
Modifications:	Added that the order be stayed until community notification is completed once a patient is granted supervised release into the community.
Comments:	
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.