FORM SUMMARY

Name of Form: Order for Examination under §971.17(4)(c), Wis. Stats.

(Not Guilty by Reason of Mental Disease or Defect)

Form Number: **CR-277**

§971.17(4)(c), Wisconsin Statutes **Statutory Reference:**

Benchbook Reference: CR 34

Purpose of Form: To appoint an examiner when an NGI defendant petitions for conditional release

after institutional placement.

Who Completes It: Court.

Who Signs It: BY THE COURT: Circuit Court Judge/Circuit Court Commissioner. THIS IS A

FINAL ORDER FOR THE PURPOSE OF APPEAL IF SIGNED BY A

CIRCUIT COURT JUDGE.

Distribution of Form: Court; copies to district attorney, defense attorney, examiner, DHFS, Mental

Health Institute, defendant.

Addresses for DHS, WMHI and MMHI:

DHS, Community Forensic Services

1 W. Wilson St., Rm. 850

PO Box 7851, Madison, WI 53707-7851

WMHI Registrar

PO Box 9, Winnebago, WI 54985

MMHI Registrar

301 Troy Dr., Madison, WI 53704

Accompanying Forms: Petition for Conditional Release; cover letter from social worker, if available

New Form/modification: Modified; last update 04/08.

Modification: Removed telephone number and address. Added Wambolt language.

Comments: Upon receipt of a valid Petition for Conditional Release, the court is required to

order, within twenty days of receipt of the petition, an examination by a non-DHS

examiner, to determine whether the committed person is appropriate for

conditional release. If the examiner believes that the person is appropriate for conditional release, the examiner shall report on the type of treatment or services

that the person may need while in the community on conditional release.

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.

Approval Date: 08/24/2012 Release Date: 09/28/2012

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