STATE OF WISCONSIN, CIRC	UIT COURT,	COUNT	(
IN THE MATTER OF THE CON	E	Statement of Emergency Detention by	
Name of Subject		aw Enforcement Officer	
Date of Birth		t Case No Enforcement	
		cy No	
probable cause hearin County, file this statement Please print or type all	g must be held within with detention facility only.) I information below. A	ll blanks must be filled in.	ty upon admission. A aken into custody. (In Milwaukee
 I am a law enforcement officer and have cause to believe that: 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, or as otherwise set forth in §51.15(1), Wisconsin Statutes. Taking the subject into custody is the least restrictive alternative appropriate to the subject's needs. 			
My belief is based on specific and recent dangerous acts, attempts, threats, omissions, and/or statements made by the subject as observed by me or reliably reported to me as stated below: Dangerous Behavior			
When:			
Where:			
Describe Behavior:			
Witnesses to the dangerous behavior: (including officers who observed behavior)			
Name of Witness	Telephone	Mailing Address	Relationship
			•
[Name] of the County department of community programs (§51.42(3), Wis. Stats.) board approves the need for this detention.			
The subject was taken into custoo [Time] am		emergency detention on [Date] _	at
The potential detention facility is			
Subject's Street Address	City	County Stat	e Zip Code Phone Number
DISTRIBUTION:	Signature of Officer	Depar	ment
Court §51.15(2) Detention Facility	Name Printed or Typed	Teleph	
Subject with Notice of Rights	Timed of Typed	Тегері	