STATE OF WISCONSIN, CIRCUIT COURT,		COUNTY	
IN THE MATTER OF THE CONDITION OF	For Review	t of Petition of Admission	
Name of Subject	(§51.13, \	Wis. Stats.)	
Date of Birth	Case No.		
<ul> <li>File this statement with the court within admission has been executed, whichev within 5 after filing the Petition or hold a application for admission has been exe</li> <li>A copy of the application for admission</li> <li>Please print or type all information belo</li> </ul>	rer is sooner. The Co a hearing within seve cuted. a and any relevant pro	ourt must either appro en (7) days after admis ofessional evaluations	ve the admission ssion or an
I am a treatment director/treatment director's desig	nee of [Mental Health fac and state:		ntally Disabled]
☐ The minor, 14 years of age or older, refuses ☐ The minor, any age, exhibits, verbally and/or ☐ The minor, minor's counsel, parent, or guard ☐ The minor's inpatient psychiatric hospitalizati ☐ The minor has been hospitalized, psychiatric ☐ The minor, who is developmentally disabled,  Date of admission: Anticipated	behaviorally, refusal or lian requests a hearing ion exceeds 12 days. cally, within past 120 days is to be admitted for a	of consent for admission g. ays.	
Patient's Street Address	City	County	State/Zipcode
Tallett's Gliect Address	Oity	County	State/2ipcode
Patient's Legal Guardian's Name(s) and Street Address	City	County	State/Zipcode
I am a treatment director/treatment director's desig  1. The minor is in need of psychiatric services, abuse based on the following facts:			holism, or drug
Inpatient treatment in this inpatient facility is	appropriate based on	the following facts:	
Inpatient care in this facility is the least restr based on the following considerations:	rictive setting consister	nt with the treatment ne	eds of the minor

statement(s) and/or behaviors:

4. The minor has expressed his or her wishes regarding inpatient treatment at this facility through the following

<del></del>	
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State of	
State of County of	
Subscribed and sworn to before me on	Signature of Treatment Director or Designee
Capacitibed and Swern to before the on	-
Notary Public/Court Official	Name Printed or Typed
Name Printed or Typed	Date
My commission/term expires:	
· ———	
☐ This notarial act involved the use of communication technology.	
DISTRIBUTION:	
1. Court	
2 Minor	

3. Parent(s)/Legal Guardian(s)4. Division of Disability and Elder Services