STATE OF WISCONSIN, CIRCUIT COURT,	
IN THE MATTER OF THE CONDITION OF	Petition for Examination of a State Prison Inmate
Name of Subject Inmate	§51.20 (1)(ar), Wis. Stats.
Date of Birth	Case No.

Date of Birth

S

## UNDER OATH:

We petition the court to examine the condition of the subject inmate who is incarcerated at [Name of state prison] and allege that

the subject inmate is mentally ill, a proper subject for treatment and in need of either outpatient treatment in the 1. prison or inpatient treatment at a state treatment facility because: Also attach required reports.

- 2. appropriate less restrictive forms of treatment were attempted with the subject inmate and were unsuccessful, including:
- 3. the subject inmate has been fully informed of his/her treatment needs, available mental health services and rights under Chapter 51, Wisconsin Statutes and has had an opportunity to discuss these matters with a licensed physician or licensed psychologist.

**IN ADDITION**, the petitioners provide the following information:

- 1. The subject inmate's sentence is and expected date of release is
- 2. The following petitioner(s) has personal knowledge of the conduct of the subject:

Name	Mailing Address	Telephone Number	Relationship to Subject
a)			
b)			
c)			

3. The following petitioner(s) does not have personal knowledge of the conduct of the subject:

Name	Mailing Address	Telephone Number	Relationship to Subject
a)			
,			

State basis for belief:

Name	Mailing Address	Telephone Number	Relationship to Subject
b)			
State basis for belief:			

4. In addition to the petitioners, the following person(s) may testify in support of this Petition:

Name	Mailing Address	Telephone Number

5. The names and mailing address of subject inmate's: (If unknown or inapplicable, so state.)

Spouse	Mailing Address	
Adult Children	Mailing Address	

	Parents or Guardian		Moiling Addr		
			Mailing Addro	255	
	Custodian		Mailing Addro	ess	
	Brothers/Sisters		Mailing Addre	ess	
	Person(s) With Whom Subject Resides		Mailing Addr	ess	
State	of			Circoturo	
	y of		Signature		
			Name Printed or Typed		
Notary Public/Court Official		Address			
Mv co	Name Printed or Typec Dommission/term expires:		Telephone Number	Date	
🗌 Thi	s notarial act involved the use of comm	inication technology.			
State	of		. <u></u>	Signature	
Count Subso	ribed and sworn to before me o	n	oignature		
	Notary Public/Court Offic		Name Printed or Typed		
	Notary Public/Court Offic	ldi		Address	
	Name Printed or Typed		<del>.</del>		
-	ommission/term expires:		Telephone Number	Date	
	s notarial act involved the use of commu of				
Count	y of			Signature	
Subscribed and sworn to before me on		N	ame Printed or Typed		
			Address		
	Name Printed or Typed				
My commission/term expires:		Telephone Number	Date		
🗌 Thi	s notarial act involved the use of commu	inication technology.			
<ol> <li>Cou</li> <li>Sub</li> <li>Sub</li> <li>Pare</li> <li>Divis</li> </ol>					

51.20(1)(ar) and (1)(av), Wisconsin Statutes