

FORM SUMMARY

Name of Form: **Statement of Emergency Detention by Treatment Director**

Form Number: **ME-902**

Statutory Reference: §51.15(10), Wisconsin Statutes

Benchbook Reference: MH 1-9

Purpose of Form: This form initiates involuntary civil commitment proceedings by treatment director at an approved treatment facility (or his or her designee) of a patient of that facility who is believed to be mentally ill, developmentally disabled, or drug dependent and dangerous to self or to others.

Who Completes It: This form must be completed, signed, and filed by the treatment director (or designee) who detains the patient at the approved treatment facility.

Distribution of Form: The original document must be filed by the treatment director (or designee) with the court having probate jurisdiction, for the county where the individual is present or the county of the individual's legal residence as soon as possible after detention at the approved treatment facility. A copy must be provided to the patient at the time of detention. A second copy should be retained by the treatment facility.

Accompanying Forms:

New Form/Modification: Modification, last update 06/00.

Modification: Reformatted and updated statute references. Added check box for attaching additional pages.

Comments: None

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.