

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE CONDITION OF

**Statement of Emergency Detention
by District Attorney or
Corporation Counsel**

Name of Subject

Case No. _____

Date of Birth

- **File this statement with the detention facility and court immediately. A probable cause hearing must be held within 72 hours of detention.**
- **Please print or type all information below. All blanks must be filled in.**

I am the District Attorney/Corporation Counsel for _____ County and state 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, as set forth in §51.15, Wis. Stats.
- I am authorized to file this statement by court order (copy attached), pursuant to §971.14(6)(b), Wis. Stats.

My belief is based on specific and recent dangerous acts, attempts, threats or omissions by the subject reliably reported to me as stated below:

Dangerous Behavior

When: _____

Where: _____

Describe Behavior (summarize below and attach a copy of the Criminal Complaint)

See attached page

Witnesses to the dangerous behavior:

Name of Witness	Telephone	Address	Relationship

The subject was taken into custody for the purpose of emergency detention on [Date] _____, at [Time] _____ a.m. p.m.

The anticipated detention facility is _____.

Subject's Street Address	City	County	State
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Signature

Name Printed or Typed

Title

Address

DISTRIBUTION:

1. Court
2. §51.15 Detention Facility
3. Subject with Notice of Rights

Email Address

Telephone Number

Date

State Bar No. (if any)