

FORM SUMMARY

Name of Form: **Statement of Petition for Review of Admission**

Form Number: **ME-921**

Statutory Reference: §51.13(4)(a), Wisconsin Statutes

Benchbook Reference: MH 1-9

Purpose of Form: This form initiates the review of a voluntary admission of a minor to an approved inpatient treatment facility for the primary purpose of treatment for mental illness, developmental disabilities, alcoholism, or drug abuse.

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

Distribution of Form: The original document must be filed by the treatment director (or designee) with the court in the county where the minor patient is present or the county of residency of the minor patient. A copy must be provided to the minor and minor's parent(s) or legal guardian(s). A copy should be retained by the treatment facility.

Accompanying Forms: Application for admission and relevant professional evaluations.

New Form/Modification: Modified; last update 10/10.

Modifications: Added remote notary statement pursuant to 2019 WI Act 125.

Comments: To comply with 2006 Wisconsin Act 444.

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.