

FORM SUMMARY

Name of Form: Involuntary Medication or Treatment Information

Form Number: ME-943

Statutory Reference: §§51.20, 51.61(1)(g) and 51.67, Wisconsin Statutes

Benchbook Reference:

Purpose of Form: For physician to state that the subject individual needs medication or treatment and subject individual is not competent.

Who Completes It: Examiner (Physician, Psychiatrist and/or Psychologist)

Distribution of Form: Original to Court.
Copies to Subject Individual's Attorney and Corporation Counsel.

Accompanying Forms:

New Form/Modification: New form.

Modifications:

Comments:

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.