

IN THE MATTER OF THE CONDITION OF

Settlement Agreement

Name of Subject

Case No. _____

Date of Birth

1. The subject

- A. stipulates to a finding of probable cause as to the criteria under §51.20(1), Wis. Stats., and waives the time period for holding a final hearing for _____ days.
B. waives the time period for holding a probable cause hearing and a final hearing for _____ days.
C. waives the time period for holding a final hearing for _____ days.
D. refuses or is unable to sign the agreement, but agrees to waive time periods for hearings for _____ days.

2. The subject agrees to comply with the following treatment and conditions for the term of this Agreement:

- A. Take all prescribed doses of psychotropic medications.
B. Keep all appointments with treatment providers and case management staff.
C. Cooperate with psychiatric and psychological testing, therapy, and recommendations.
D. Keep case management or treatment staff advised of current residential address or location.
E. Refrain from acts, attempts or threats of harm to self or others.
F. Refrain from ingesting any controlled substances not prescribed for subject.
G. Refrain from consuming alcoholic beverages.
H. Remain in an inpatient treatment facility until discharged, but not later than _____.
I. Other: _____

3. Either party may request the court to modify the treatment plan.

4. The subject agrees to waive confidentiality of treatment records to allow monitoring of the subject's compliance.

5. Upon receipt of a sworn statement alleging the subject's failure to comply with this Agreement, the court

- A. may issue an order to detain the subject at an approved inpatient treatment facility.
B. shall, upon subject's motion, hold a hearing on the issue of noncompliance with the Agreement within 72 hours of the filing of the motion.
C. shall hold either a probable cause or final hearing, as required.

6. The proceeding will be dismissed on _____, if the subject complies with this Agreement.

Subject's Signature

Subject's Attorney Signature

Name Printed or Typed

Name Printed or Typed

Address

Address

Email Address Telephone Number

Email Address Telephone Number

Date State Bar No. (if any)

Date State Bar No. (if any)

Corporation Counsel's Signature

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)