

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, Wisconsin Statutes. I am authorized to file this statement by court order, pursuant to §971.14(6)(b), Wis. Stats. (copy attached).

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):

Four horizontal lines for describing behavior.

See attached page.

Witnesses to the dangerous behavior:

Table with 4 columns: Name of Witness, Telephone, Address, Relationship. Contains 4 empty rows.

The subject was detained at _____ Name of Mental Health Facility and Unit

on _____ Date, at _____ Time am. pm.

Table with 4 columns: Subject's Street Address, City, County, State.

- Distribution: 1. Court - Original 2. Mental Health Detention Facility 3. Subject with Notice of Rights

Table with 2 columns: Signature, Title and Name Printed or Typed, Telephone.