

## FORM SUMMARY

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**Name of Form:** Treatment Conditions

**Form Number:** ME-912

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**Statutory Reference:** §§51.20(8)(a), 51.20(9), 51.20(13)(dm), 51.35(1)(a), Wisconsin Statutes

**Benchbook Reference:** MH 1-17

**Purpose of Form:**

- To provide outpatient treatment conditions ordered by the court pending final hearing.
- To provide the treatment conditions required by the appropriate department for a conditional transfer.
- To provide notice to the subject of the conditions.

**Who Completes It:** Corporation counsel or appropriate department.

**Distribution of Form:** Original to court, copy to subject, counsel, treatment provider, and treatment facility

**Accompanying Forms:**

**New Form/Modification:** Modification, new form 06/00.

**Modifications:** Changed title and updated form to conform to the statutes. Added several conditions.

**Comments:** Added court's authority under 51.20(8)(a) to order outpatient conditions pending final hearing. Modified to reflect the provisions to 51.20(13)(dm) and 51.35(1)(a).

**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.**