

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

State of Wisconsin, Plaintiff,  
-vs-

**Order for Competency  
Examination**

\_\_\_\_\_, Defendant  
Name

\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

**THE COURT FINDS:**

- 1a. The defendant has been charged with the following crime(s), and probable cause has been found.
- 1b. The defendant has been found guilty of the following crimes, but not yet sentenced.

**List Crime(s)** or  Complaint and Information, if any, is attached.

- 2. There is reason to doubt the defendant's competency to proceed.  
 Additional information or concerns, if any: \_\_\_\_\_

- 3. The defendant  is  is not represented by counsel.

**IT IS ORDERED:**

- 1a. The defendant shall submit to an outpatient examination of his/her mental competency to proceed as scheduled by the examiner(s).
- 1b. The defendant is committed to: \_\_\_\_\_  
for examination of his/her mental competency to proceed. The sheriff shall:
  - Transport defendant to the examining facility within a reasonable time after the examination is ordered.
  - Return the defendant to the jail within a reasonable time, after receiving notice from the examining facility that the examination has been completed.
- 2. The following examiner(s) are appointed to examine and report on the competency of the defendant pursuant to §971.14(3), Wis. Stats., and the competency of the defendant to refuse medication:  
\_\_\_\_\_
- 3. The examination shall be completed and a report filed within
  - 15 days after the defendant arrives at the facility for inpatient examination, or
  - 30 days from the date of this order for outpatient examination.
- 4. Other: \_\_\_\_\_

Name of District Attorney
Name of Defense Attorney

**BY THE COURT:**

\_\_\_\_\_  
Circuit Court Judge/Court Commissioner

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date

- Distribution:
- 1. Court 2. D.A. 3. Defendant/counsel 4. Examiner/facility
  - 5. Sheriff, if inpatient exam