

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE CONDITION OF

Statement of Emergency Detention by Treatment Director

Name of Subject

Case No. _____

Date of Birth

- File this statement with the court immediately, because 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 a treatment director/treatment director's designee of _____ Mental Health Facility and state:

- 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.

My belief is based on specific and recent dangerous acts, attempts, threats or omissions by the subject as observed by me or reliably reported to me as stated below:

When: _____

Where: _____

Dangerous Behavior: _____

Attach additional page if necessary.

Witnesses to the dangerous behavior:

Witness Name

Address and Telephone

The subject was detained on _____, at _____ am. pm. (Detention occurs when subject requests discharge.)

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

Table with 2 rows: Signature of Director or Designee, Name Printed or Typed, Telephone

- Distribution:
1. Court - Original
2. Subject with Notice of Rights