

FORM SUMMARY

Name of Form:	Statement of Emergency Detention by Treatment Director
Form Number:	ME-902
Statutory Reference:	§51.15, Wisconsin Statutes
Purpose of Form:	This form initiates involuntary civil commitment proceedings by treatment director of an approved treatment facility (or his or her designee) of a patient of that facility who is believed to be mentally ill, developmentally disabled, or drug dependent and dangerous to self or to others.
Who Completes It:	This form must be completed, signed, and filed by the treatment director (or designee) who detains the patient at the approved treatment facility.
Distribution of Form:	The <u>original</u> document must be filed by the treatment director (or designee) with the probate court for the county where the individual is present or the county of the individual's legal residence as soon as possible after detention at the approved treatment facility. A copy must be provided to the patient at the time of filing of this detention document. A second copy should be retained by the treatment facility.
Accompanying Forms:	Generally none, unless petitioner adds pages with additional factual allegations.
New Form/Modification:	Modification, last update 10/93.
Modification:	Added a file/date stamp to upper right corner. Added a statement on the bottom indicating that the form shall not be modified.
Comments:	None
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.