

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 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 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:

When: _____

Where: _____

Dangerous Behavior (summarize below and attach a copy of the Criminal Complaint):

Attach additional page if necessary.

Witnesses to the dangerous behavior:

Witness Name

Address and Telephone

_____	_____
_____	_____
_____	_____

The subject was detained at _____

Name of Mental Health Facility and Unit

on _____, at _____ am. pm.

Date

Time

Subject's Street Address	City	County	State
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- Distribution:
1. Court – Original
 2. Mental Health Detention Facility
 3. Subject with Notice of Rights

Signature	Title
Name Printed or Typed	Telephone