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## FORM SUMMARY

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**Name of Form:**                    **Outpatient Treatment Conditions**

**Form Number:**                    **ME-912**

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**Statutory Reference:**            §51.20(13)(dm), Wisconsin Statutes

**Purpose of Form:**                This form has two purposes:

- To itemize the treatment conditions required by the court for an outpatient commitment; and,
- To provide a place for the patient to acknowledge an understanding of the conditions and a willingness to comply with them.

**Who Completes It:**              Court

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

**Accompanying Forms:**        It is always attached to the Order of Commitment (ME-911) for an outpatient treatment order.

**New Form/Modification:**    Modification, new form 4/95.

**Modifications:**                Added a file/date stamp to upper right corner. Added a statement on the bottom indicating that the form shall not be modified.

**Comments:**                      Although the statutes do not specifically require that the subject sign any acknowledgment of the conditions for outpatient treatment, RMC believed it would be the better practice to require the subject to formally agree in writing to the conditions and exhibit an understanding of the consequences of a failure to comply.

**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.**