STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE CONDITION OF

_____
Name of Subject

_____
Date of Birth

Petition for Approval of Minor's Admission and Order

Case No. _____

I petition the court as follows:

1. I am a ☐ minor, 14 years of age or older.
   ☐ person acting on the minor's behalf.
2. I request court approval of the minor's admission to _____, an approved inpatient treatment facility.
3. The minor seeks voluntary admission into the inpatient treatment facility.
   ☐ The minor requests temporary approval of admission pending a hearing.
4. The minor lacks parental or legal guardian's consent because:
   ☐ A parent with legal custody or the legal guardian unreasonably withholds consent to an application for admission to the facility.
   ☐ A parent with legal custody or the legal guardian cannot be found.
   ☐ The minor does not have a parent with legal custody.
5. The ☐ parent(s) with legal custody is (if parents have joint legal custody, list both):
   ☐ legal guardian is:

Name	Address	County of Residence	Telephone No.

_____
Signature of Petitioner

_____
Name Printed or Typed

_____
Date

ORDER

IT IS ORDERED:

☐ 1. Temporary admission pending the hearing is approved.

2. A hearing shall be held as follows:

Date	Time	Location (Include Room No.)
Presiding Judge		

If you have a disability and need help in court, please call:

BY THE COURT:

_____
Circuit Court Judge/Court Commissioner

_____
Name Printed or Typed

_____
Date

Distribution:
1. Court - Original
2. Minor
3. Minor's counsel
4. County department assigned to case
5. Treatment provider (if different)
6. Parent or guardian at last known address