

IN THE MATTER OF THE CONDITION OF

**Notice and Motion for Medication and Treatment and Order for Hearing**

\_\_\_\_\_  
Name of Subject

Case No. \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

I state:

I am the physician providing treatment. Based on my examination of the subject, the subject needs medication and treatment and is not competent to refuse.

I am the corporation counsel. Attached is a report or signed statement of a physician asserting that, based on an examination of the subject, the subject needs medication and treatment and is not competent to refuse.

I request a hearing on whether the subject is competent to refuse medication and treatment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date

**ORDER**

**IT IS ORDERED:**

1. The subject shall appear for a hearing as indicated below.

2. Transportation of the subject to and from the court and the treatment facility shall be provided by:

The sheriff.  Other: \_\_\_\_\_

Name of treatment facility: \_\_\_\_\_

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. Subject
3. Subject's counsel
4. Corporation counsel
5. Treatment providers
6. Other interested persons