ST	ATE OF WISCONSIN	CIRCUIT COURT	WAUKESHA COUNTY	- -
IN	THE MATTER OF THE C	ONDITION OF:		
Patient Name		D.O.B.		
	Your Leg	al Rights for Statement o	f Emergency Detention	
YOU	J ARE ADVISED OF THE FO	OLLOWING RIGHTS BOTH	ORALLY AND IN WRITING:	
1.	You have the right to an attorney. An attorney will be appointed to represent you. You may hire your own attorney if you wish.			
2.	You have the right to consult with your attorney before a request is made for voluntary treatment.			
3.	You have the right to remain silent. Anything you say may be used as evidence against you. You do not have to speak with the physicians, psychologists, or other personnel, except as court ordered. Again, anything you say may be used as evidence against you.			
4.	You have the right to refuse medication and treatment, except as ordered by a court, or in a situation in which the medication or treatment is necessary to prevent serious physical harm to you or others.			
5.	You have the right to contact a member of your immediate family.			
6.	You have the right to a hearing to determine if there is probable cause for an involuntary commitment. The probable cause hearing will be held within 72 hours of the time you were taken into custody, exclusive of Saturdays, Sundays, and legal holidays.			
7.	You have the right to a final hearing to be held within 14 days of the date you were taken into custody.			
8.	You have the right to a jury trial. You must demand a jury trial 48 hours before the final hearing. If you do not demand a jury trial within 48 before the final hearing, a jury trial is waived.			
9. You have the right to be present and to be heard at all hearings in this matter.				
	Patient signature (mark refusal or unable if applicable))	Date and time of advisement	
	Name of individual advis	sing patient	Signature of individual advising	g patient