STATE OF WISCONSIN, CIRCUIT O	OURT,	COUNTY			
IN THE MATTER OF THE CONDITION	Emer	Statement of gency Detention by			
Name of Subject		nforcement Officer No			
Date of Birth	Law Enforc				
 File this statement with the court immediately and with the detention facility upon admission. A probable cause hearing must be held within 72 hours after the subject is taken into custody. (In Milwaukee County, file this statement with detention facility only.) Please print or type all information below. All blanks must be filled in. 					
 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, or as otherwise set forth in §51.15(1), Wisconsin Statutes. Taking the subject into custody is the least restrictive alternative appropriate to the subject's needs. 					
My belief is based on specific and recent dangerous acts, attempts, threats, omissions, and/or statements made by the subject as observed by me or reliably reported to me as stated below: Dangerous Behavior					
When:					
Where:					
Describe Behavior:					
☐ See attached page					
Witnesses to the dangerous behavior Name of Witness	Telephone	Mailing Address	Relationship		
				- 	
[Name] of the County department of community programs (§51.42(3), Wis. Stats.) board approves the need for this detention.					
The subject was taken into custody for the purposes of this emergency detention on [Date] at [Time] am.					
The potential detention facility is					
Subject's Street Address	City	County State	Zip Code	Phone Number	
DISTRIBUTION: 1. Court	Signature of Officer	Department	Department		
 §51.15(2) Detention Facility Subject with Notice of Rights 	Name Printed or Typed	Telephone	Telephone		