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| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** | |  |
| IN THE MATTER OF THE CONDITION OF    Name of Subject    Date of Birth | Statement of  Emergency Detention by Treatment Director  Case No. |

***• File this statement with the detention facility and court immediately. A probable cause hearing must be held within 72 hours of detention.***

***• Please print or type all information below. All blanks must be filled in.***

I am a treatment director/treatment director’s designee of [Mental Health Facility]

and state:

• 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,

as set forth in §51.15, Wisconsin Statutes.

My belief is based on specific and recent dangerous acts, attempts, threats or omissions 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 | Address | Relationship |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The subject was detained on [Date]       , at [Time]        am.  pm. *(Detention occurs when subject requests discharge.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Subject’s Street Address | | City | | County | State |
|  |  | | | | |
| Distribution:  1. Court  2. Subject with Notice of Rights | Signature of Director or Designee | | | | |
| Name Printed or Typed | | Telephone | | |