

# THREE-PARTY PETITION SCREENING FORM ALCOHOL DEPENDENCY

**IMPORTANT:** While the Office of Corporation Counsel helps the public with Three-Party Petitions, petitioners are **not** clients. Information that the public shares with the Office of Corporation Counsel on this screening form is **not** confidential.

## SUBJECT OF PETITION:

Subject's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(person in need of treatment)

Address: \_\_\_\_\_  
(include city/state/zip – MUST BE IN WAUKESHA COUNTY)

Phone: \_\_\_\_\_

## PETITIONER INFORMATION:

Petitioner's Name: \_\_\_\_\_  
(person filling out this form)

Relationship to Subject: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## HABITUALLY LACKS SELF CONTROL:

Does the subject have a diagnosed alcohol use disorder?  Yes  No  Not Sure

If yes, what disorder(s)? \_\_\_\_\_

Has the subject had prior residential treatment for alcoholism?  Yes  No  Not Sure

If so, when, and where? \_\_\_\_\_

Has the subject had prior outpatient treatment for alcoholism?  Yes  No  Not Sure

If so, when, and where? \_\_\_\_\_

Has the subject been admitted to a detox facility in the last 12 months?  Yes  No  Not Sure  
If so, please list the dates and facilities: \_\_\_\_\_

\_\_\_\_\_

Is the subject currently prescribed medication(s) to lesson cravings?  Yes  No  Not Sure  
If yes, what medication(s)? \_\_\_\_\_

\_\_\_\_\_

Has the subject been prescribed medication(s) to lesson cravings in the past?  
 Yes  No  Not Sure

If yes, what medication(s)? \_\_\_\_\_

\_\_\_\_\_

What type of alcoholic beverage does the subject use? \_\_\_\_\_

How often does the subject use? \_\_\_\_\_

How much does the subject consume during use? \_\_\_\_\_

Does the subject sneak or hide alcoholic use? \_\_\_\_\_

Have you personally witnessed the subject's alcoholic use? \_\_\_\_\_

If so, how many times have you personally seen the subject in a drunken state based on their alcohol use in the last 12 months? \_\_\_\_\_

As the result of alcohol use, how many times have you personally seen the subject black out in the last 12 months? \_\_\_\_\_

As the result of alcohol use, how many times have you seen the subject fall in the last 12 months? \_\_\_\_\_

As the result of alcohol use, have you personally seen the subject neglect self- care in the last 12 months?  
 Yes  No  Not Sure

If so, please explain: \_\_\_\_\_

Has the person admitted alcohol use to you personally?  Yes  No  Not Sure

If so, what statements has the subject made regarding the use of alcohol? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**SOCIEO-ECONOMIC DISRUPTION:**

Habitual alcohol use itself is not sufficient. To file a Three-Party Petition, petitioners must also have personal knowledge that the subject’s alcoholic use has created a pattern of substantial disruption in the subject’s social or economic functioning.

If applicable, include as much detail on the effect a drug(s) has had on the subject’s social or financial well-being:

Job-related problems due to drinking? \_\_\_\_\_

---

---

School-related problems due to drinking? \_\_\_\_\_

---

---

Money problems? \_\_\_\_\_

---

---

Dependent on others for money? \_\_\_\_\_

---

---

Marital problems due to drinking? \_\_\_\_\_

---

---

Problems with family due to drinking? \_\_\_\_\_

---

---

Loss of friends? \_\_\_\_\_

---

---

