

THREE-PARTY PETITION SCREENING FORM DRUG 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: _____

DRUG DEPENDENCY:

Does the subject have a diagnose drug dependency? Yes No Not Sure

If yes, to what drug(s)? _____

Is the subject currently prescribed medications to lesson cravings? Yes No Not Sure

If yes, what medication(s)? _____

Has the subject been prescribed medications to lesson cravings in the past?

Yes No Not Sure

If yes, what medication(s)? _____

Date: _____ Location: _____

What Happened: _____

If you do not have personal knowledge, please provide a concise statement providing the basis for your belief that the subject requires a drug dependency commitment: _____

SOCIEO-ECONOMIC DISRUPTION:

Drug use itself is not sufficient. To file a Three-Party Petition, petitioners must: (1) have seen the subject use a drug(s) multiple times within the past 60 days; and (2) have seen such drug use produce a 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:

