

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE CONDITION OF

Amended

Name of Subject Individual

**Statement for Involuntary
Medication or Treatment**

Date of Birth

Case No. _____

Date of Examination: _____

1. Will medication or treatment have therapeutic value for the subject individual? Yes No
If yes, what medication or treatment is recommended? _____

2. Will medication or treatment unreasonably impair the ability of the subject individual to prepare for or participate in subsequent legal proceedings? Yes No
Explain: _____

3. Did you explain the advantages, disadvantages, and alternatives to the recommended medication or treatment to the subject individual? Yes No
A. List the advantages explained: _____
B. List the disadvantages explained: _____
C. List the alternatives explained: _____

4. Is the subject individual incapable of expressing an understanding of the advantages, disadvantages and alternatives to accepting the recommended medication or treatment? Yes No
Explain: _____

5. Is the subject individual substantially incapable of applying an understanding of the advantages, disadvantages and alternatives to his/her condition in order to make an informed choice as to whether to accept or refuse the recommended medication or treatment? Yes No
Explain: _____

6. If you answered "Yes" to question 4 or 5, what is the cause of the subject individual's inability to express or apply an understanding: Mental Illness Drug Dependency Developmental Disability Alcoholism

Comments: _____

Examiner's Signature
 Psychiatrist Physician

Name Printed or Typed

Date

DISTRIBUTION:

- 1. Court
- 2. Corporation Counsel
- 3. Subject Individual's Attorney

CONFIDENTIAL COURT RECORD