

THREE-PARTY PETITION SCREENING FORM

MENTAL HEALTH

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: _____ Relationship to Subject: _____
(person filling out this form)

Address: _____

Email: _____ Phone: _____

MENTAL ILLNESS:

Does the subject have a diagnosed mental illness? Yes No Not Sure

If yes, what illness(es)? _____

Is the subject currently prescribed any medications? Yes No Not Sure

If yes, what medication(s)? _____

If yes, is the subject taking them? Yes No Not Sure

Has the subject been prescribed medications in the past?

Yes No Not Sure

If yes, what medication(s)? _____

DANGEROUS EVENTS:

To file a Three-Party Petition, at least one petitioner must have seen the subject within the past 60 days doing things that were dangerous. This includes actual violence, threats to harm self or others, gathering weapons, or careless acts that put self or others in danger of getting hurt. It does not include behavior that was loud, angry, or delusional, but did not include any violence or threats.

Please list and describe each event of the subject’s dangerous, threatening, or violent behavior that ***you have personally seen within the past 60 days***. Include as much detail about each event as you can remember. If you have seen more than three dangerous or violent events in the past 60 days, you may either add more pages to this form or just list the three most dangerous events you saw. If you are not sure of the date of an event, saying “on or around” a date is fine. If the subject is living somewhere outdoors, unsanitary, unheated, abandoned, or unsafe, you may send us any photos you have of the subject’s living space along with this form. If the events include text messages, social media posts, video, or audio, please send a screenshot or duplicate along with this form.

Date: _____ Location: _____

What Happened: _____

Date: _____ Location: _____

What Happened: _____

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 mental health: _____
