

STATE OF WISCONSIN

CIRCUIT COURT

WAUKESHA COUNTY

IN THE MATTER OF THE CONDITION OF:

Patient Name

D.O.B.

Statement of Service on Emergency Detention

I served the subject with the subject with the Statement of Emergency Detention by Treatment Director and the Your Legal Rights for Statement of Emergency Detention. I completed personal service by leaving a true copy of the aforementioned documents with the subject. I further read aloud the Notice of Rights to the subject.

Date and time of service

Name of individual serving patient

Signature of individual serving patient

Please scan this document back to the Corporation Counsel Office as proof of service.