# 3-PARTY PETITION APPLICATION FOR ALCOHOL DEPENDENCY

## QUESTIONNAIRE FOR LANGLADE COUNTY

*Three (3) adult petitioners must complete, sign, date and return this form before the Corporation Counsel office will consider proceeding with the involuntary court commitment process. One (1) of the Petitioners* ***MUST*** *be a medical professional Please return all three (3) completed forms to the:* ***Langlade County Corporation Counsel Office, Langlade County Courthouse, 800 Clermont Street, Antigo, WI 54409*** *or* ***Fax to: 715-627-6542***

***Please note the person-in-need must be a resident of Langlade County***

In the matter of the Condition of: _____D.O.B._____
(Subject proposed to be committed for involuntary treatment) (MM/DD/YYYY)

Subject is a resident of Langlade County? Yes☐ No☐

Street Address of Subject: _____ City, State, Zip: _____

Phone number of Subject: _____ Subject Gender: Male☐ Female☐

Petitioner's Name: _____ Relationship to subject:_____

Petitioner's Address: _____ City, State, Zip: _____

Petitioner's Email: _____ Petitioner's Phone: _____

SUBJECT INDIVIDUAL'S MENTAL HEALTH/AODA HISTORY

Diagnosed mental illness(es), if known: _____
Prior treatment history, if known: _____
_____
_____
_____

Current prescribed medications, if known: _____
_____

Is subject compliant with these medications? Yes☐ No☐ Unknown☐

PLEASE COMPLETE THE NEXT FOUR (4) SECTIONS USING RECENT AND SPECIFIC EXAMPLES, INCLUDING DATES OR A GENERAL TIMEFRAME FOR EACH EXAMPLE.

****Please note**, pursuant to Wis. Stats. §51.01(1m) alcohol dependency or "alcoholism" is defined as a disease which is characterized by the dependency of a person on the drug alcohol, to the extent that the person's health is substantially impaired or endangered or his or her social or economic functioning is substantially disrupted.

SECTION 1: The condition of the subject individual is evidenced by a pattern of conduct which is dangerous to self or to others (cite **specific** dangerous or violent acts, attempts, threats or omissions).

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SECTION 1 continued:

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SECTION 2: I believe the subject individual habitually lacks self-control as to the use of alcohol because:_____
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SECTION 3: I believe the subject individual's social or economic functioning is substantially disrupted because:
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SECTION 3 continued:

SECTION 4: I believe the subject individual's health is substantially impaired or endangered by the use of alcohol because (provide specific dates and details regarding injuries, hospitalizations, medical diagnoses, test results, etc., including how the subject individual's health condition(s) will continue to worsen without intervention):

| Petitioner's Signature: | Date: |
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