3-PARTY PETITION APPLICATION FOR DRUG 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 Petitioner's ***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/DRUG TREATMENT 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 TWO (2) SECTIONS USING RECENT AND SPECIFIC EXAMPLES, INCLUDING DATES OR A GENERAL TIMEFRAME FOR EACH EXAMPLE.

SECTION 1: I believe the above-named subject individual is drug dependent and in need of treatment because: **Please note:** Pursuant to Wis. Stats. §51.01(8), "drug dependence" is defined as a disease that is characterized by a person's use of one (1) or more drugs that is beyond the person's ability to control to the extent that the person's physical health is substantially impaired or his/her social or economic functioning is substantially disrupted.

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SECTION TWO (2): For a subject individual to be placed under an involuntary commitment, Langlade County's Corporation Counsel must prove the subject individual is a ***danger*** to self or others.

Detailed and Specific testimony will be required to prove one or more of the following dangerousness standards as established in Wis. Stats. §51.20(1)(a)2a-d.

1) Evidences a substantial probability of physical harm to himself/herself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm.
2) Evidences substantial probability of physical harm to other individuals as manifested by evidence of recent homicidal or other violent behavior, or by evidence that others are placed in reasonable fear of violent behavior and serious bodily harm to them, as evidenced by a recent overt act, attempt or threat to do serious physical harm.
3) Evidences such impaired judgement, manifested by evidence of a pattern of recent acts or omissions, that there is a substantial probability of physical impairment or injury to himself/herself or other individuals.
4) Evidences behavior manifested by recent acts or omissions that, due to mental illness, he or she is unable to satisfy basic needs for nourishment, medical care, shelter or safety without prompt and adequate treatment so that a substantial exists that death, serious physical injury, serious physical debilitation, or serious physical disease will imminently ensue unless the individual receives prompt and adequate treatment for this mental illness.

_____

I believe the above-referenced subject individual has evidenced behavior which constitutes danger. My belief is based on the following **recent/specific** acts, threats, attempts or omissions.

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**Please attach additional documents if more space is needed

Petitioner's Signature:	Date: