

PIERCE COUNTY WISCONSIN

OFFICE OF THE CORPORATION COUNSEL

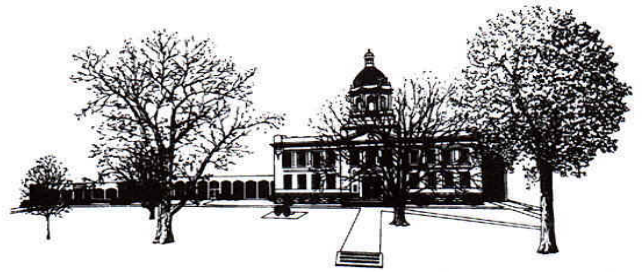
PIERCE COUNTY COURTHOUSE

414 W. MAIN STREET P.O. BOX 367

ELLSWORTH, WISCONSIN 54011

715-273-3531 Ext. 6435 or 715-273-6745

Fax: 715-273-6860



INVOLUNTARY COMMITMENT QUESTIONNAIRE

Mental Illness - §51.20 Wis. Stats.

PETITIONER INFORMATION

Name: _____

Address: _____

Phone number: (home) _____ (work) _____

Relationship to subject individual: _____

SUBJECT INDIVIDUAL INFORMATION

Name: _____ D.O.B. _____

Address: _____

Phone number: (home) _____ (work) _____

Place of Employment: _____

Health Insurance Company (if any): _____

QUESTIONS

Directions: Please answer the following questions truthfully and accurately. Your answers to the following questions may be attached to a sworn statement, signed by you, for the purpose of an involuntary commitment of the above-named subject.

1. Is the subject married? Yes No . If yes, please state spouse's name, address, email, and phone number: _____

2. Does the subject live with anybody else? Yes No . If yes, please state the person's name, relationship to subject, address, email, and phone number: _____

3. Has the subject been diagnosed with a mental illness? Yes No I don't know . If yes, please describe the diagnosis: _____

4. Has the subject ever, now or in the past, treated with a health care professional (i.e. doctor, counselor or therapist) for a mental illness? Yes No I don't know . If yes, please state the dates that the subject has seen the professional, as well as the professional's name, address, email and phone number: _____

5. Is the subject prescribed to take medications? ? Yes No I don't know . If yes, please state the type of medication: _____

6. Has the subject stopped or failed to take his/her medications in prescribed dosages? Yes No I don't know . If yes, please state which medication the subject stopped taking and the last date you know the subject took the medication: _____

7. Does the subject appear to have a mental illness? Yes No . The mental illness is shown by the following **recent** examples (Check all that apply):
a. Currently sees a health care professional, as indicated in Paragraph 4. Yes No
b. Currently takes medications, as indicated in Paragraph 5. Yes No
c. Other examples (give specific details and dates): _____

The information contained in question #7 is based on personal knowledge (i.e. I saw the incidents occur/subject individual directly told me the information).

The information contained in question #7 is not based on personal knowledge (i.e. I learned/heard the information from the following source(s)). Identify the other source's name, address, email and phone number as follows: _____

Check here if additional pages are attached to answer Question 7.

8. a. Is the subject dangerous to him/herself? Yes No .
b. Is the subject individual dangerous to another person? Yes No .
c. How is dangerousness shown by **recent** acts, attempts or threats to harm him/herself or another person (give specific examples and dates): _____

The information contained in question #8 is based on personal knowledge (i.e. I saw the incidents occur/subject individual directly told me the information).

The information contained in question #8 is not based on personal knowledge (i.e. I learned/heard the information from the following source(s)). Identify the source's name, address, email and phone number: _____

Check here if additional pages are attached to answer Question 8.

9. The subject individual is not able to care for his/her basic needs (i.e. food, shelter, personal hygiene) as shown by the following **recent** examples (give specific examples and dates):

The information contained in question #9 is based on personal knowledge (I saw the incidents occur/subject individual directly told me the information)

The information contained in question #9 is not based on personal knowledge. I learned/heard the information from the following source(s):

Check here if additional pages are attached to answer Question 9.

10. List anyone else that may have additional information regarding the subject individual's condition:

Names: _____ Phone # _____ Relationship _____

11. Additional statements or reports are attached. Yes No .

Dated: _____

Signed

Print Name: _____

PLEASE TAKE NOTICE: Pierce County will make best efforts to handle and investigate each matter thoroughly, discretely and expedited as quickly as each case allows. Pierce County cannot guarantee that every questionnaire returned to Office of Corporation Counsel will result in initiating a commitment proceeding regarding the subject individual, pursuant to Wisconsin Law, regarding the subject individual.

***Upon completion of this form it should be returned to the
Office of Corporation Counsel for further processing.***