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| **DEPARTMENT OF HEALTH SERVICES**  Division of Care and Treatment Services  F-25213 (12/2016) | STATE OF WISCONSIN |

**ADMISSION TO CASELOAD – MENTAL HEALTH**

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| **INSTRUCTIONS**: | Admitting Institution: Complete all data items (except DOC Client Number and agent number) for each admission. Attach Forensic computation and Order of Commitment.  Send this form and attachments to Regional Chief in the county of commitment. | | | | | | | | | | |
|  | Regional Specialist: Fill in gray shaded boxes of this form with available information and return original form to Admitting Institution.  Forward copy of this form and enclosed Forensic computation and Order of Commitment to agent. | | | | | | | | | | |
|  | Agent: Retain this form, Forensic computation and Order of Commitment | | | | | | | | | | |
|  | | | | | |  | | DOC Client Number | | Agent Number | |
| Name – Patient (Last, First MI) | | | | | | | | ID Number | | Date – Admission | |
| Also Known As (AKA) (Last, First MI) | | | | | | True Name (Last, First MI) | | | | | |
| Birthdate | | Sex | Race | Ethnic | | Address – Last Known | | | | | |
| Name – Admitting Institution | | | | | | Name – Court | | | Type | | |
| Name – County Commitment | | | | | | Name – Judge (Last, First MI) | | | | | |
| Statutes | | | **Offense** | | | | | | | | |
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| Verification Through CACU Completed  Yes No | | | Detainer?  Yes No | | Additional Sentence?  Yes No | | Commitment Term | | | | MAX Date |
| Remarks | | | | | | | | | | | |