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| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** |  |
| IN THE MATTER OF      Name      Date of Birth | [ ]  Amended**Petition for** **Order Authorizing** **Involuntary Administration of Psychotropic Medications****(Annual Review)**Case No.        |

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| **Under oath, I state:** |
|  1. | I am a representative of the county department of the ward’s county of residence. |
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|  2. | The ward is the subject of an Order Authorizing Involuntary Administration of Psychotropic Medications. |
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|  3. | This ward resides at |
|  | Address:        |
|  | Name of facility and contact person and phone number (if any) |
|  | Facility Name:        |
|  | Contact Person Name:        |
|  | Contact Person Phone Number:        |
|  | Guardian(s) Name:        |
|  | Guardian(s) Phone number(s):        |
|  |  |
|  4. | The county department’s annual report of the review of the status of the ward [ ]  was filed or [ ]  will be filed. A copy of this report was provided to the ward, guardian of the ward, and the ward’s agent under any activated Power of Attorney for Health Care. |
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| **I request the court:** |
|  1. | Review the status of the Order Authorizing Involuntary Administration of Psychotropic Medication to the ward. |
|  |  |
| [ ]  2. | Other:        |
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| State of       County of       Subscribed and sworn to before me on             Notary Public/Court Official      Name Printed or TypedMy commission/term expires:        | ⯈      Petitioner      Name Printed or Typed      Address      Address      Date |