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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: | |
|  |  | |
| State of  County of  Subscribed and sworn to before me on    Notary Public/Court Official    Name Printed or Typed  My commission/term expires: | | ⯈  Petitioner    Name Printed or Typed    Address    Address    Date |