**Filing a Protective Services (Medication Guardianship) Petition**

\*Person needs to be under Guardianship in Order to file so if the Person is NOT under Guardianship complete everything under “Filing a Petition for Guardianship”

\*If Guardianship has occurred within the past year a new MD evaluation is NOT needed; if more than a year has went by a MD evaluation IS needed

\*Complete Petition for Protective Services (same petition as Protective Placement but a different category on the form is completed). This form is **not** needed if the person is already under Protective Placement.

\*Complete Petition for Involuntary Administration of Psychotropic Medications as a Protective Service Order

\*Complete a Medication Administration Treatment Plan

\*Acquire from a MD who is prescribing the individual his/her psychotropic medication a written signed statement stating it is appropriate to use psychotropic medication to treat the individual’s condition and what will happen if the person continues to refuse to take the meds voluntarily AND have MD sign the Physician’s Report for Med. or Treatment and Request for Hearing form

\*Complete Notices

\*Obtain from Guardian verbal permission that he/she is in agreement with the involuntary administration of psychotropic medication

\* Email a short statement explaining the situation and if you think the case will be contested. Attach the Petition for Protective Service, Involuntary Administration of Psychotropic Medications, the Medication Treatment Plan, and Notices. will let you know when you should come up to sign the petition – she notarizes your signature. Give her the MD statement.

\*Find out from GAL if ward needs to come to hearing. If yes, arrange for transportation.

\_\_\_\_Examining Physician’s Report

\_\_\_\_Statement of Acts

\_\_\_\_POAHC and Activation form

\_\_\_\_DPOA (Guardian of Estate Only)

\_\_\_\_Petition for Guardianship

\_\_\_\_Petition for Protective Services (**Not** needed if under Protective Placement)

\_\_\_\_Notices

\_\_\_\_MD statement supporting Involuntary Administration of Psychotropic Medication

\_\_\_\_MD signature on Petition for Physician’s Report for Medication or Treatment and Request

for Hearing

\_\_\_\_Treatment Plan

\_\_\_\_Documentation in notes that Guardian has agreed to Involuntary Administration of

Psychotropic Medication

\_\_\_\_After the Court has Ordered the Involuntary Administration of Psychotropic Medications send a copy of the Order to: , Supervisor, Client Rights Office, Division of Mental Health & Substance Abuse Services, P.O. Box 7851, 1 W. Wilson St., Madison, WI 53707-7851. This is per 55.14(11).

Updated 2/11/19