|  |  |
| --- | --- |
| DEPARTMENT OF HEALTH SERVICES Division of Care and Treatment Services  F-21189 (05/2017) | STATE OF WISCONSIN Wisconsin Statute § 51.15 (9) |

RIGHTS OF DETENTION

Completion of this form is voluntary. If not completed, it will be witnessed that you were informed and given appropriate copies as stated below. This form is maintained in the patient’s record and is accessible to authorized users.

On emergency detention at a Division of Care and Treatment Services mental health institute, you have the following rights in accordance with Wisconsin Statute § 51.15 (9):

1. To contact an attorney.
2. To have an attorney appointed for you at public expense if you are indigent.
3. To contact a member of your immediate family.
4. To remain silent; anything you say may be used as a basis for commitment. A report regarding your condition must be made to the Court, even if you remain silent.
5. To a copy of the Statement of Emergency Detention and any Petition for Commitment, if one is filed.
6. To be treated or medicated in a life threatening situation, or if necessary, to prevent serious physical harm to yourself or others. Other treatment may be administered only with your consent.
7. You may refuse such medication or treatment, even in a life threatening situation, if you are a member of a recognized religious organization which has tenets prohibiting medication or treatment.
8. A report of all treatment administered to you will be filed with the Circuit Court – Probate Branch for       County.

I acknowledge with my signature below that the above rights were presented, read to me and I received a copy of the Statement of Emergency Detention and if applicable, Petition for Commitment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | **SIGNATURE** – Patient |  | Date - Signed |  |
|  |  |  |  |  |
|  | **SIGNATURE** – Staff |  | Date - Signed |  |