|  |  |
| --- | --- |
| DEPARTMENT OF HEALTH SERVICES Division of Care and Treatment Services  F-25392 (01/2017) | STATE OF WISCONSIN Wisconsin Statutes  § 51.20(16) and 971.17(2) |

#### CIRCUIT COURT

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STATE OF WISCONSIN** | | | | | | | **COUNTY** | | | | | |
|  | | | | | |  | | | | | | |
| STATE OF WISCONSIN | | | | | | PETITION FOR | | | | | | |
|  | | | | | | RE-EXAMINATION | | | | | | |
| Plaintiff | | | | | |  | | | | | | |
|  | | | | | |  | | | | | | |
| vs | | | | | |  | | | | | | |
|  |  | | | |  |  | |  | | | |  |
|  |  | | | |  |  | | Court Case Number | | | |  |
| Defendant | | | | | |  | | | | | | |
|  | |  | | | |  |
|  | | Client Institution Number | | | |  |
|  | | | | | | | | | | | | |
| Date the defendant was committed by this court: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Date of last re-examination: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Defendant’s Birthdate: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Defendant’s last known address: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| The Petitioner requests that the Court conduct a re-examination to determine the defendant’s level of dangerousness and whether the defendant may be safely discharged or released without danger to self or others. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | |  | | | | | | | | |  | |
|  | | **SIGNATURE** – Petitioner | | | | | | | | |  | |
|  | | | | | | | | | | | | |
|  | | |  | | | | | | |  | | |
|  | | | Title or Relationship of Petitioner to Defendant | | | | | | |  | | |
|  | | | | | | | | | | | | |
|  | | | |  | | | | |  | | | |
|  | | | | Dated | | | | |  | | | |

**DISTRIBUTE COPIES TO** District Attorney, Defense Attorney