

## ***YOUR RIGHTS...***

As the victim of a crime, you should be aware that the judge can pursue one of two courses of action when an individual is found not guilty by reason of mental disease or defect.

One of the judge's options is to grant the individual "conditional release" directly to the community. Should this occur, your District Attorney's Office will notify you, within seven days of the court's order, giving you the individual's name and conditional release date.

Conditional release clients are assigned a State of Wisconsin Probation and Parole Agent. The agent's role is to both assist in the rehabilitation of the individual and to protect society. Reasonable rules and limits on the client's behavior can be imposed by the agent. Violations of conditions of release or rules of supervision by the client may result in the court revoking the conditional release. As a consequence, the client may be confined in a mental health institute.

To find out the name and telephone number of the agent assigned to the client, contact your local Division of Probation and Parole Office. Or you can call the Department of Corrections Records Office at (608) 240-3750. In Milwaukee call (414) 227-4546.

The second option open to the judge is to commit the client to a state mental health institute. Should the judge decide that institutional commitment is appropriate you have the right to be notified whenever this individual will be released from institutional care. The law requires notification of the victim at least seven days prior to an client's release from a mental health institute. This is the only information the department can provide to you about this individual under Wisconsin law governing patient confidentiality.

Individuals are released from the state mental health institute if their commitment is terminated by the court or if they have completed their court ordered maximum commitment and are granted release by the court. Another form of release, under the law, from a mental health institute is an extended home visit or leave lasting longer than 24 hours.

## ***YOUR DECISION...***

You will be notified of the client's release from a mental health institute ONLY if YOU wish to be so notified. If you would rather not know anything further about this individual, you need not take any further action.

If you wish to be kept informed about the client's release from a state mental health institute, fill out the victim notification card provided by your District Attorney's Office. Staple or tape it closed and mail as soon as possible.

If your address changes or you decide at a later date that you no longer wish to receive notifications, it will be your responsibility to inform the Department of Health Services. Simply fill out and send in a new registration card available from your District Attorney's Office or send a letter to the Department of Health Services (address of back cover).

## ***CONFIDENTIALITY...***

Your decision to be notified about the offender's release from a state mental health institute, your telephone number and your address will be kept in the strictest confidence. The offender **will not** be given this information.

## **FURTHER INFORMATION...**

If you want more information or if you have any questions about this material please call or write the Victim Notification Program coordinator at:

Department of Health Services  
Division of Mental Health and Substance  
Abuse Services  
Victim Notification Coordinator  
P.O. Box 7851  
Madison, Wisconsin 53707-7851

608-266-2862

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## **HELPFUL INFORMATION**

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an offender found not  
guilty by reason of  
mental disease or  
defect***

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STATE OF WISCONSIN  
Department of Health Services  
Division of Mental Health and  
Substance Abuse Services

## **VICTIM NOTIFICATION**

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