



Corporation Counsel

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INVOLUNTARY COMMITMENT QUESTIONNAIRE Drug Dependent – Wis. Stats. § 51.20

PETITIONER INFORMATION:

Name: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Phone number: (home) _____ (work) _____

Relationship to subject individual: _____

SUBJECT INDIVIDUAL INFORMATION:

Name: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Phone number: (home) _____ (work) _____

I, _____, (petitioner's name) submit the following information for the purpose of an involuntary commitment of _____ (subject individual's name) for drug treatment under Wis. Stats. § 51.20.

1. The person uses one or more drugs to the extent that the person's health is substantially impaired or his or her social functioning is substantially disrupted. (Please be as SPECIFIC as possible in describing events, i.e., who, what, when, where, etc.)

This information is based on personal knowledge of the conduct and condition of the person sought to be committed. (I saw the incidents occur/subject individual directly told me the information).

The information is not based on personal knowledge. The basis for my beliefs are:

2. The subject individual uses such drugs to the extent that:

(a) His/her health is substantially impaired or endangered as set forth in the following examples: (Attach physician’s statement or relevant medical records if possible).

(b) His/her social and economic functioning are substantially disrupted as set forth in the following examples:

The information is based on personal knowledge of the conduct and condition of the person sought to be committed. (I saw the incidents occur/subject individual directly told me the information).

The information is not based on personal knowledge. The basis for my beliefs are:

3. Is the subject individual currently employed? _____YES _____NO

If yes, where? Name of Business _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____

4. List anyone else that may have additional information regarding the subject individual's condition:

| Names: _____ | Phone # _____ |
|--------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

5. Attach additional statements or reports if necessary.

Signature _____ Date _____

***Upon completion of this form, it should be returned to the
Office of Corporation Counsel.***