



# Corporation Counsel

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## INVOLUNTARY COMMITMENT QUESTIONNAIRE Mental Illness – 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 mental illness under Wis. Stats. § 51.20.

1. The subject individual appears to have a mental illness as shown by the following **recent** examples – for all examples, please be as specific as possible:
  - a. Currently sees Dr. \_\_\_\_\_ at \_\_\_\_\_  
Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - b. Currently takes the following medications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Examples:  
\_\_\_\_\_  
\_\_\_\_\_

The information contained in question #1 is based on personal knowledge. I saw the incidents occur and/or the subject individual told me the information.

- The information contained in question #1 is not based on personal knowledge. I learned/heard the information from the following sources:

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- 2. Subject individual is dangerous to him/herself as shown by **recent** acts, attempts or threats to harm him/herself (specific examples):

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- The information contained in question #2 is based on personal knowledge. I saw the incidents occur and/or the subject individual told me the information.

- The information contained in question #2 is not based on personal knowledge. I learned/heard the information from the following sources:

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- 3. Subject individual is dangerous to others as shown by **recent** acts, attempts or threats to harm others. Please state who was threatened and what was the threat:

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- The information contained in question #3 is based on personal knowledge. I saw the incidents occur and/or the subject individual told me the information.

- The information contained in question #3 is not based on personal knowledge. I learned/heard the information from the following sources:

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- 4. Subject individual is not able to care for his/her basic needs (food, shelter, personal hygiene) as shown by the following **recent** examples:

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- The information contained in question #4 is based on personal knowledge. I saw the incidents occur and/or the subject individual told me the information.
- The information contained in question #4 is not based on personal knowledge. I learned/heard the information from the following sources:

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5. Is the subject individual currently employed? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, where? Name of Business \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Names: _____	Phone # _____
_____	_____
_____	_____
_____	_____
_____	_____

7. Attach additional statements or reports if necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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