

3-PARTY PETITION APPLICATION FOR ALCOHOL DEPENDENCY

Questionnaire for Lincoln & Marathon Counties

Three (3) adult Petitioners must complete, sign, date and return this form before our office will consider proceeding with the involuntary court commitment process. One (1) of the Petitioners MUST be a medical professional. Return all three (3) completed forms to: **Office of Corporation Counsel, Marathon County Courthouse, 500 Forest St., Wausau, WI 54403** or via **Fax to 715-261-1133**.

| | | | |
|--|--|---|--|
| In the Matter of the Condition of: _____ | | DOB: _____ | |
| (Subject proposed to be committed for involuntary treatment) | | (MM/DD/YYYY) | |
| Subject is a resident of: <input type="checkbox"/> Lincoln County <input type="checkbox"/> Marathon County | | | |
| Street Address: _____ | | City, State, Zip: _____ | |
| Subject Phone: _____ | | Subject Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Petitioner Name: _____ | | Relationship to subject: _____ | |
| Street Address: _____ | | City, State, Zip: _____ | |
| Petitioner Email: _____ | | Petitioner Phone: _____ | |
| <u>SUBJECT MENTAL HEALTH / AODA TREATMENT HISTORY</u> | | | |
| Diagnosed mental illness(es), if known: _____ | | | |
| Prior treatment history, if known: _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Current prescribed medications, if known: _____ | | | |
| _____ | | | |
| Is subject compliant with these medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |

*Please complete the next 4 sections by citing **recent & specific** examples, including **dates or a general timeframe** for each example cited.*

Please note, pursuant to Wis. Stats. § 51.01(1m) alcohol dependency or “alcoholism” is defined as a disease which is characterized by the dependency of a person on the drug alcohol, to the extent that the person's health is substantially impaired or endangered or his or her social or economic functioning is substantially disrupted.

[illegible]

SECTION 1 continued:

SECTION 2 – I believe the subject habitually lacks self-control as to the use of alcohol because:

SECTION 3 – I believe the subject's social or economic functioning is substantially disrupted because:

SECTION 3 continued:

SECTION 4 -- I believe the subject's health is substantially impaired or endangered by the use of alcohol because (provide ***specific*** dates and details regarding injuries, hospitalizations, medical diagnoses, test results, etc., including how the subject's health condition(s) will continue to worsen without intervention):

Signature:

Date: