## 3-PARTY PETITION APPLICATION FOR <u>DRUG DEPENDENCY</u> Questionnaire for Lincoln & Marathon Counties

Three (3) <u>adult</u> 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 <u>MUST</u> 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:(Subject proposed to	DOB: be committed for involuntary treatment) (MM/DD/YYYY)	
Subject is a resident of:   Lincoln County	☐ Marathon County	
Street Address:	City, State, Zip:	
Subject Phone:	Subject Gender: $\square$ Male $\square$ Female	
Petitioner Name:	Relationship to subject:	
Street Address:	City, State, Zip:	
Petitioner Email:	Petitioner Phone:	
SUBJECT MENTAL HEALTH / DRUG TREATMENT Diagnosed mental illness(es), if known: Prior treatment history, if known:		
<u>-</u>		
Is subject compliant with these medications? $\Box$	Yes □ No □ Unknown	
Please complete the next 2 sections by citing <b>recent &amp; specific</b> examples, including <b>dates or a general timeframe</b> for each example cited.  SECTION 1 – I believe the above-named person is drug dependent and in need of treatment because:  Please note, pursuant to Wis. Stats. § 51.01(8), "drug dependence" means a disease that is characterized by a person's use of one or more drugs that is beyond the person's ability to control to the extent that the person's physical health is substantially impaired or his or her social or economic functioning is substantially disrupted.		

<u>SECTION 2</u> During the court process, our office must prove the subject is a <b>danger</b> to self or others. <b>Detailed and specific</b> testimony will be required to prove one or more of the following danger elements:		
of violent behavior or serious physical harm physical harm to others.  3. Impaired judgment a pattern of recent acts impairment or injury to self or others due to t  4. Inability to care for self – due to mental illne medical care, shelter or safety) to the exten injury/debilitation/disease will ensue without	r other violent behavior, or placing others in reasonable fear based on recent overt acts, attempts or threats to do serious or omissions that there is a substantial probability of physical he subject's impaired judgment. ess, the subject is unable to satisfy basic needs (nourishment, t that a substantial probability that death, serious physical t prompt and adequate treatment.	
based on the following <i>recent/specific</i> acts, threats, attempts or omissions:		
Signature:	Date:	