## 3-PARTY PETITION APPLICATION FOR <u>MENTAL ILLNESS</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. 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 b	DOB: e committed for involuntary treatment) (MM/DD/YYYY)
Subject is a resident of: $\Box$ 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 HISTORY Diagnosed mental illness(es), if known: Prior treatment history, if known:	
Current prescribed medications, if known:  Is subject compliant with these medications?   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.	
<u>SECTION 1</u> – I believe the above-named person is mentally ill and in need of treatment because:	

	must prove the subject is a <b>danger</b> to self or others.  prove one or more of the following danger elements:
of violent behavior or serious physical harm bat physical harm to others.  3. Impaired judgment a pattern of recent act physical impairment or injury to self or others  4. Inability to care for self – due to mental illness, medical care, shelter or safety) to the extent the injury/debilitation/disease will ensue without	other violent behavior, or placing others in <i>reasonable fear</i> sed on recent overt acts, attempts or threats to do serious so or omissions that there is a substantial probability of due to the subject's impaired judgment. the subject is unable to satisfy basic needs (nourishment, hat a substantial probability that death, serious physical prompt and adequate treatment.
based on the following <b>recent/specific</b> acts, threat	ced behavior which constitutes <b>danger</b> . My belief is ts, attempts or omissions:
Signature:	Date: