

PIERCE COUNTY WISCONSIN
OFFICE OF THE CORPORATION COUNSEL
PIERCE COUNTY COURTHOUSE
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INVOLUNTARY COMMITMENT QUESTIONNAIRE
Drug Dependant - §51.20 Wis. Stats.

PETITIONER INFORMATION:

Name: _____
 Address: _____
 Phone number: (home) _____ (work) _____
 Relationship to subject individual: _____

SUBJECT INDIVIDUAL INFORMATION:

Name: _____ D.O.B. _____
 Address: _____
 Phone number: (home) _____ (work) _____
 Place of Employment: _____
 Health Insurance Provider (if any): _____

QUESTIONS:

Directions: Please answer the following questions truthfully and accurately. Your answers to the following questions may be attached to a sworn statement, signed by you, for the purpose of an involuntary commitment of the above-named subject.

1. Does the subject habitually lacks self-control as to the use of drugs? Yes No . Please give dates and detailed examples, 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.e. I saw the incidents occur/subject individual directly told me the information).

The information is not based on personal knowledge (i.e. I learned/heard the information from the following source(s)). Identify the other source's name, address, email and phone number are as follows: _____

Check here if additional pages are attached to answer Question 1.

2. Does the subject use such drugs to the extent that: (check all that apply)

(a) Is the subject's health substantially impaired or endangered? Yes No . Please give dates and detailed examples, i.e., who what, when, where, etc.: _____

(b) Has the subject's social and economic functioning been substantially disrupted? Yes No . Please give dates and detailed examples, 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.e. I saw the incidents occur/subject individual directly told me the information).

The information is not based on personal knowledge (i.e. I learned/heard the information from the following source(s)). Identify the other source's name, address, email and phone number are as follows: _____

Check here if additional pages are attached to answer Question 2.

3. Has the subject's condition caused him/herself to be dangerous to him/herself or other persons? Yes No . Please give dates and detailed examples, 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.e. I saw the incidents occur/subject individual directly told me the information).

The information is not based on personal knowledge (i.e. I learned/heard the information from the following source(s)). Identify the other source's name, address, email and phone number are as follows: _____

Check here if additional pages are attached to answer Question 3.

4. Is the subject married? Yes No . If yes, please state spouse's name, address, email, and phone number: _____

5. Does the subject live with anybody else? Yes No . If yes, please state the person's name, relationship to subject, address, email, and phone number: _____

6. List anyone else that may have additional information regarding the subject individual's condition:
- | | | | | | |
|--------|-------|---------|-------|--------------|-------|
| Names: | _____ | Phone # | _____ | Relationship | _____ |
| | _____ | | _____ | | _____ |
| | _____ | | _____ | | _____ |
7. Please describe any efforts or steps you have already taken to assist the subject get treatment or help for his/her drug related issue(s): _____

8. Additional statements or reports are attached. Yes No .

Dated: _____

Print Name: _____

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

PLEASE TAKE NOTICE: Pierce County will make best efforts to handle and investigate each matter thoroughly, discretely and expedited as quickly as each case allows. Pierce County cannot guarantee that every questionnaire returned to Office of Corporation Counsel will result in initiating a commitment proceeding, pursuant to Wisconsin Law, regarding the subject individual.