

**CIRCUIT COURT**

**STATE OF WISCONSIN**

**COUNTY**

<p>STATE OF WISCONSIN, Plaintiff vs</p> <hr/> <p>Defendant</p> <hr/> <p>Date of Birth</p>	<p><b>STATEMENT OF PROBABLE CAUSE FOR DETENTION AND PETITION FOR REVOCAION OF CONDITIONAL RELEASE</b></p> <hr/> <p>Court Case Number</p> <hr/> <p>Client Number</p>
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Date defendant was committed by the court:

Offense(s)

Date defendant was released on conditions by the court:

PROBABLE CAUSE STATEMENT (VIOLATION): Attach separate sheets as needed.

Therefore, the Department of Health Services petitions the court for revocation of the conditional release.

Pending further court proceedings, the Department of Health Services requests that the defendant be detained at:

- County Jail
- Winnebago Mental Health Institute
- Mendota Mental Health Institute

The Department of Health Services further requests that the court order the Sheriff to transport the defendant to the appropriate facility and return the defendant to the court for revocation proceedings, if necessary.

\_\_\_\_\_  
**SIGNATURE** – DHS Representative

\_\_\_\_\_  
Date Signed

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Division of Mental Health & Substance Abuse Services Forensic Specialist    Regional Office of the State Public Defender