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| DEPARTMENT OF HEALTH SERVICES Division of Care and Treatment Services  F-25177 (03/2021) |  | STATE OF WISCONSIN Wis. Stat § 971.17(3)(e) |

**CIRCUIT COURT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STATE OF WISCONSIN** | | | | **COUNTY** | | | | |
|  | | | |  | | | | |
| STATE OF WISCONSIN, Plaintiff | | | | **STATEMENT OF** | | | | |
| vs. | | | | **PROBABLE CAUSE FOR DETENTION** | | | | |
|  | | | | **AND** | | | | |
|  | | | | **PETITION FOR** | | | | |
|  |  | |  | **REVOCATION OF CONDITIONAL RELEASE** | | | | |
|  |  | |  |  | | | | |
|  |  | |  |  |  | | |  |
|  | Defendant | |  |  | Court Case Number | | |  |
|  |  | |  |  |  | | |  |
|  |  | |  |  |  | | |  |
| Date of Birth | | | |  | Client Number | | |  |
|  | | | |  | | | | |
| Date defendant was committed by the court: | | | | Hearing is to be scheduled within 30 days of: *(enter date defendant was placed into custody)* | | | | |
|  | | | |  | | | | |
| Offense(s) | | | |  | | | | |
|  | | | | | | | | |
| Date defendant was released on conditions by the court: | | | | | | | | |
|  | | | | | | | | |
| PROBABLE CAUSE STATEMENT (alleged violation or safety concern): Attach separate sheets as needed. | | | | | | | | |
| Therefore, the Wisconsin Department of Health Services petitions the court for revocation of the conditional release.  Pending further court proceedings, the above named is to 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 |  |
|  | | | |  | | | | |
| DISTRIBUTION | | | | | | | | |
| ORIGINAL TO Releasing CourtCOPIES TO: Case File | | | | | | | | |
| Division of Care and Treatment Services Forensic Specialist  Regional Office of the State Public Defender  County Jail | | | | | | | | |