

CIRCUIT COURT

STATE OF WISCONSIN	COUNTY
STATE OF WISCONSIN, Plaintiff vs.	PETITION FOR CAPIAS
_____ Defendant	_____ Court Case Number
_____ Date of Birth	_____ Client Number

Date the Defendant was committed by this court:

Offense(s):

Date the defendant was released on conditions by the court and placed under supervision:

Date the defendant violated rule/s of supervision and/or condition/s of release or raised concern for safety:

Alleged violations or concern for the safety of the defendant or others:

Therefore, the Department of Health Services petitions the court seeking a capias commanding the detaining law enforcement agency to take the named individual into custody pending further order of this court.

SIGNATURE – DHS Representative

Date Signed

DISTRIBUTION: Copies – Releasing Court, DHS/DCTS Forensic Specialist