

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

State of Wisconsin, Plaintiff,

-vs-

**Order for Competency  
Examination by  
Department of Health Services**

\_\_\_\_\_, Defendant

Name

Case No. \_\_\_\_\_

Date of Birth

**Defendant's:**

Telephone Number	Address
Present Location	

**THE COURT FINDS:**

1. The defendant

A. has been charged with the following crime(s) and probable cause has been found:

B. has been found guilty of the following crime(s):

Crime(s) (Attach copy of Complaint and Information for examiner.) Wis. Statute(s) Violated Date(s) Committed

2. There is reason to doubt the defendant's competency to proceed.

Additional information or concerns, if any: \_\_\_\_\_

**THE COURT ORDERS:**

1. The defendant shall submit to an examination of his or her competency to proceed.

2. The examination shall be conducted by the Department of Health Services (DHS), which shall determine where the examination will be conducted, who will conduct the examination and whether the examination will be conducted on an outpatient or inpatient basis. Outpatient examination shall be conducted in a jail or a locked unit of a facility unless the defendant is not in custody.

3. If an inpatient examination is necessary, unless the defendant is not in custody, the sheriff shall:

- Arrange for the transportation of the defendant to the examining facility within 48 hours after notification.
- Return the defendant to the jail within 48 hours, after receiving notice from the examining facility that the examination has been completed.

4. The examiner shall have access to the defendant's past or present records, as defined under §51.30(1)(b), Wis. Stats.

- 5. The examination shall be completed and a report filed within:
  - 15 days from the date of admission for an inpatient examination.
  - 30 days from the date of this order for an outpatient examination.
- 6. The report shall include a determination on the defendant's competency to proceed pursuant to §971.14(3), Wis. Stats., and the competency of the defendant to refuse medication.
- 7. A hearing will be held on [Date] \_\_\_\_\_, at [Time] \_\_\_\_\_  A.M.  P.M. before court official \_\_\_\_\_, or such other time as set by the court.
- 8. Other: \_\_\_\_\_

**BY THE COURT:**

\_\_\_\_\_  
Circuit Court Judge/Circuit Court Commissioner

\_\_\_\_\_  
Title (Print or Type Name if not eSigned)

\_\_\_\_\_  
Date

**DISTRIBUTION:**

- 1. Court
- 2. District Attorney
- 3. Defendant/counsel
- 4. Examiner/facility
- 5. Sheriff (if an inpatient exam)

Name of District Attorney		Name of Defense Attorney	
Phone Number	Fax Number	Phone Number	Fax Number
Address of District Attorney		Address of Defense Attorney	