

For Official Use

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

State of Wisconsin, Plaintiff
-vs-

**Order for Predisposition
Investigation
(Not Guilty by Reason of
Mental Disease or Defect)**

_____, Defendant
Name

Case No. _____

Date of Birth

Defendant's:

Present Location (Include municipality and county)

THE COURT FINDS:

1. The defendant was committed to the Department of Health Services (DHS) on [Date] _____.
A copy of the Order of Commitment is attached.
2. The court lacks sufficient information to determine whether the commitment should be for institutional care or conditional release.

THE COURT ORDERS:

1. DHS to conduct a predisposition investigation and prepare a report to assist the court in framing a placement order under the commitment.
2. All the defendant's treatment records requested by the investigator be released to the investigator.
3. The report be furnished to the court no later than [Date] _____.
4. A hearing be held on [Date] _____ at [Time] _____ A.M. P.M.

Additional information or concerns, if any:

THIS IS A FINAL ORDER FOR PURPOSES OF APPEAL IF SIGNED BY A CIRCUIT COURT JUDGE.

BY THE COURT:

DISTRIBUTION:

1. Court – Original
2. District Attorney
3. Defendant/Attorney
4. Department of Health Services

Circuit Court Judge Clerk of Circuit Court

Name Printed or Typed

Date