

For Official Use

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

State of Wisconsin, Plaintiff
-vs-

**Order for Examination
under §971.17(4)(c)
(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. A petition for conditional release of the defendant has been filed by the
 defendant.
 director of the mental health facility at which the defendant is committed.

THE COURT ORDERS:

1. The defendant be examined by [Name] _____
to determine if the defendant is appropriate for conditional release.
2. The examiner report on the type of treatment and services needed by the defendant while on conditional release
in the community if the examiner believes the defendant is appropriate for conditional release.
3. All of the defendant's treatment records requested by the examiner be released to the examiner.
4. The clerk provide the examiner a copy of the most recent criminal complaint and all other examiner's report(s).
5. The report be furnished to the court no later than [Date] _____.
6. A hearing be held on [Date] _____ at [Time] _____ A.M. P.M..
7. Other: _____

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. Defense Attorney
4. Examiner
5. Department of Health Services
6. Mental Health Institute
7. Defendant

 Circuit Court Judge Clerk of Circuit Court

Name Printed or Typed

Date