

State of Wisconsin, Plaintiff,  
-VS-

**Order on Competency**

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

\_\_\_\_\_  
Date of Birth

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

**THE COURT FINDS:**

1. This matter came before the court for a competency determination, pursuant to §971.14 Wisconsin Statutes.
2. Based upon the competency evaluation report(s), the evidence produced and/or the stipulation of counsel, and upon the entire record and file in this matter, the defendant is presently not competent to proceed in this case and he/she is not likely to become competent within the statutory commitment period.

**IT IS ORDERED:**

1. That the criminal proceedings be suspended and the defendant discharged from the criminal competency commitment.
2.  a, The defendant shall be released from custody.  
 b. The defendant shall appear in court at specified intervals, every \_\_\_\_\_ month(s), for redetermination of his/her competency to proceed.
3. The defendant shall be taken immediately into custody and promptly delivered to an approved treatment detention facility or medical/protective placement facility. The district attorney or county corporation counsel may prepare a statement of emergency detention or emergency protective placement to initiate civil commitment or emergency protective placement proceedings, based on the allegations of the criminal complaint and the evidence in this case. A copy of the statement shall be provided to the director of the facility where the defendant is detained and the original statement shall be filed with the court.
4. The district attorney's office shall inform the court of the defendant's legal and mental status every \_\_\_\_\_ months.
5. This Court reserves jurisdiction to impose reasonable nonmonetary conditions which will protect the public and enable the court and the district attorney to discover whether the defendant subsequently becomes competent.  **See attached conditions.**

**BY THE COURT:**

Distribution:

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

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

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date