

THREE-PARTY PETITION SCREENING FORM

IMPORTANT: While the Office of Corporation Counsel helps members of the public with Three-Party Petitions, petitioners are **not** Corporation Counsel clients. Any information that members of the public give the Office of Corporation Counsel, except for medical information, is **not** confidential.

PETITIONER INFORMATION:

Petitioner's Name: _____ Date: _____
(person filling out this form)

Address: _____

_____ (include city/state/zip)
Email: _____ Phone: _____

SUBJECT OF PETITION:

Subject's Name: _____ Date of Birth: _____
(person in need of treatment)

Address: _____

_____ (include city/state/zip – MUST BE IN MILWAUKEE COUNTY)

Does the subject have a mental illness? Yes No Not Sure

If yes, what illness(es)? _____

Was the subject prescribed any medications? Yes No Not Sure

Which medication(s)? _____

Is the subject taking them? Yes No Not Sure

Does the subject have a drug dependency/addiction? Yes No Not Sure

If yes, to what drug(s)? _____

How often is the subject using? _____

VIOLENT OR DANGEROUS EVENTS:

To file a Three-Party Petition, all petitioners must have seen the subject within the past 60 days doing things that were dangerous and/or violent. This includes actual violence, threats to harm himself/herself or others, gathering weapons, or careless acts that put himself/herself or others in danger of getting hurt. It does **not** include behavior that was loud, angry, or delusional, but did not include any violence or threats.

Please list and describe each event of the subject's dangerous, threatening, or violent behavior that you have personally seen within the past 60 days. Do not list older events or events you heard about from other people. Include as much detail about each event as you can remember.

(CONTINUES ON NEXT PAGE)

