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| **STATE OF WISCONSIN CIRCUIT COURT** **BRANCH**       |       **COUNTY** | For Official Use |
| In the Matter of the Mental Condition of: Case No.     ME    CLIENTAlleged to be in need of an involuntarymental commitment. |
| **RESPONDENT'S FIRST SET OF INTERROGATORIES TO PETITIONER** |

Pursuant to Wis. Stats. §§ 51.20(10)(c) and 804.08 the Respondent, CLIENT, in the above-named case, requests the petitioner provide answers to the interrogatories set forth below as soon as practicable. The respondent further demands supplementation of the answers when required pursuant to Wis. Stat. § 804.01(5). The interrogatories are hereby expressly made continuing, requiring **supplemental** answers thereto as information is acquired through the time of a disposition hearing.

1. State the full name of the person preparing the answers to these interrogatories, and of any person assisting in the preparation of the answers.

2. Specifically state each appropriate less restrictive form of treatment that has previously been provided to the Respondent by the Department of Health Services (DHS) or the Department of Corrections (DOC), and the dates of when each form of treatment was provided.

3. State why each less restrictive form of treatment provided in response to “Question #2” was considered to be unsuccessful.

4. State any less restrictive forms of treatment available to inmates of the Wisconsin Resource Center (WRC) or other DOC facilities that were considered inappropriate for the Respondent.

5. State why each form of less restrictive treatment listed in response to “Question #4” was considered to be inappropriate for the Respondent.

6. Provide any standards promulgated or adopted by DHS/DOC for determining whether an available form of less restrictive treatment, as provided in response to “Question #2 or #5, is inappropriate for a given inmate.

7. Provide any standards promulgated or adopted by DHS/DOC for determining whether an available form of less restrictive treatment, as provided in response to “Question #2, or #5, that has been attempted with a given inmate should be deemed “unsuccessful”.

8. Provide dates upon which the Respondent was, “informed about his treatment needs.”

9. State specifically, who spoke with the Respondent, and what information was provided about his “treatment needs” on the date(s) provided in response to “Question #8”.

10. Provide dates upon which the Respondent was, “informed about…the mental health services available to him”.

11. State specifically, who spoke with the Respondent, and what information was provided about “the mental health services available to him” on the date(s) provided in response to “Question #10”.

12. Provide dates upon which the Respondent was, “informed about…his rights under this chapter [ch. 51 Wis. Stats.]”.

13. State specifically, who spoke with the Respondent, and what information was provided about, “his rights under this chapter [ch. 51 Wis. Stats.]” on the date(s) provided in response to “Question #12”.

14. Provide dates upon which the “advantages and disadvantages of the psychotropic medications he [the Respondent] is taking” were discussed with the Respondent.

15. State specifically, who spoke with the Respondent, and what information was discussed on the date(s) provided in response to “Question #14”.

16. Provide dates upon which the “the advantages and disadvantages of the psychotropic medication” the Respondent is currently taking were discussed with him.

17. State specifically, who spoke with the respondent, and what information was discussed on the date(s) provided in response to “Question #16”. State specific responses given by the Respondent during said discussion(s).

18. State specifically, what in the Respondent’s “treatment history and records” supports the conclusion that, “if treatment were currently withdrawn, he would become a proper subject for commitment.”

19. State specifically any incidents in the Respondent’s history, known to DOC or the petitioner, which would form a basis to allege the Respondent is “dangerous” as defined by Wis. Stats. §§51.20(1)(a)2.a-e.

20. Provide any published guidelines from DHS or DOC defining the phrase “reasonable degree of medical certainty” and how to appropriately measure this standard.

21. Identify any recognized professional groups in the medical or psychological field that have adopted a standard definition for the phrase “reasonable degree of medical certainty”.

 Dated at      , Wisconsin, this       day of      , 20     .

 Respectfully submitted,

 Electronically signed by Attorney

Attorney, Bar No.

Attorney for Respondent

State Public Defender's Office

Address

Address

Phone