

FORM SUMMARY

Name of Form: Order for Supervised Release

Form Number: CR-239

Statutory Reference: Wis. Stats. §§980.07, 980.08 and 980.105

Benchbook Reference: CR 50

Purpose of Form: To notify the Department of Health and Family Services to prepare for the release of a patient to the community. The court approves of the plan and makes any needed adjustments.

Who Completes It: Court official.

Distribution of Form: A certified copy to Dept. of Health and Family Services (institution). Copies to district attorney, defense attorney, §51.42 Board (of county of respondent's residence), sheriff (where respondent will reside).

Accompanying Forms: None.

New Form/Modification: Modification; last update 10/00.

Modifications: Removed second checkbox pertaining to antiandrogen medications. This was removed because the use of this medication cannot be ordered by the court.

Comments:

About this form: This form is the product of the Wisconsin Records Management Committee, a committee of the Director of State Court's Office and a mandate of the Wisconsin Judicial Conference.

If you have additional information that does not change the meaning of the form, attach it on a separate page. The form itself shall not be altered.