

**Person To Be Committed:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_

(Work) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Health Insurance Company (if any): \_\_\_\_\_

**Substance Abuse Services**  
Office: 220 Washington Ave..  
Oshkosh WI 54903



*The Wave of the Future*

**Winnebago County**  
**Department of Human Services**

Please fully review ALL questions in this packet prior to filling out to assure you can honestly answer all questions. ALL information about the individual you are wanting to pursue a 3 party on needs to be in the Past 12 months prior to the date you are filling out the information.

Once the packet is received by Winnebago County it will be reviewed for further proceedings. Filling out the form does not guarantee a 3 party will happen.

If there is enough information to continue with the process, you and 2 other petitioners will need to set up a time to go over the 3 party paperwork. At this time you will fill out information, and get paperwork notarized. Please note that you and the other 2 petitioners will need to be present for ALL court dates as you may need to testify to the information you provided in court.

Below is a check list of what you will need to provide in order to apply for a 3 party petition:

- Firsthand knowledge of client's usage of alcohol in the past 12 months
- Firsthand knowledge of how client's usage of alcohol has substantially impaired or endangered his/her safety or the safety of others.
- Firsthand knowledge of how client's condition caused him/herself to be dangerous to him/herself or other persons.
- Diagnosis paperwork from Dr. or Substance Abuse professional, stating individual has a Substance Dependence
- 2 other people with firsthand knowledge that are willing to be petitioners for the 3 party
- Availability for ALL court dates (all 3 petitioners need to be available for court)
- Individual has been asked about Voluntary treatment into and AODA facility, please provide date and individuals Response to question: \_\_\_\_\_

(If they have not been asked, individual needs to be asked if they are willing to go voluntary PRIOR to filling out 3 party paperwork).

Once packet is completed please return to Winnebago County Human Services 220 Washington ave. Oshkosh, WI 54903. Attn: AODA DEPARTMENT

**Petitioner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_

(Work) \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

**Questions:**

Directions: please answer the following questions truthfully and accurately. Your answers to the following questions may be attached to a sworn statement, signed by you, for the purpose of an involuntary commitment of the above named individual.

1. Does the individual habitually lack self- control as to the use of alcohol beverages?  Yes  No

Drinks in the Morning

Drinks in the Afternoon

Drinks in the Evening

Has told me about blackouts

Has been unable to remember part of the previous evening, even though they hadn't passed out

Has been drunk for several days at a time

Drinks to help them start the day after drinking heavily the night/ day before

Please give dates and detailed examples (i.e. who, what, when, where, etc.) \_\_\_\_\_

This information is based on personal knowledge of the conduct and condition of the person sought to be committed (i.e. I saw the incidents occur/ individual directly told me the information)

This information is not based on personal knowledge (i.e. I learned/ heard the information from the fooling source (s)). I identify the other source's name, address, email and phone number as follows: \_\_\_\_\_

2. (A) Does the individual use such alcoholic beverages to the extent that: (Check all that apply)

Has lost significant weight due to drinking

Has gotten physically ill from drinking

Has been hospitalized for drinking (Dates) \_\_\_\_\_

Has had a physician tell them to stop drinking

Has been treated by a physician for drinking

Has suffered injury due to drinking

Please give dates and detailed examples (i.e. who, what, when, where, etc.) \_\_\_\_\_

(B) Has the individuals social and economic functioning been substantially disrupted?  Yes  No

Family or friends have expressed concern or complained about his/her drinking

Continues to drink even after friends/ family say they've had enough

- Gets annoyed when friends/ family comment on the amount they drink
- Has stayed home from work due to drinking
- Has been fired from work due to drinking
- Family life has become unhappy due to drinking
- Individual has given up other activities so he/she can drink
- Relationships with family or friends has been affected by their drinking
- Individual hides their drinking
- Individual makes excuses for their drinking

Please give dates and detailed examples (i.e. who, what, when, where, etc.) \_\_\_\_\_

This information is based on personal knowledge of the conduct and condition of the person sought to be committed (i.e. I saw the incidents occur/ individual directly told me the information)

This information is not based on personal knowledge (i.e. I learned/ heard the information from the fooling source (s)). I identify the other source's name, address, email and phone number as follows: \_\_\_\_\_

3. Has the individual's condition caused him/herself to be dangerous to him/herself or other persons?  Yes

No

- Has been injured due to drinking
- Has injured others due to drinking
- Becomes violent when drinking
- Drives while drunk
- Eats very little while drinking
- Forgets to eat while drinking
- Forgets to take prescribed medications while drinking
- Mixes drugs while drinking

Please give dates and detailed examples (i.e. who, what, when, where, etc.) \_\_\_\_\_

This information is based on personal knowledge of the conduct and condition of the person sought to be committed (i.e. I saw the incidents occur/ individual directly told me the information)

This information is not based on personal knowledge (i.e. I learned/ heard the information from the fooling source (s)). I identify the other source's name, address, email and phone number as follows: \_\_\_\_\_

5. Is the individual married?  Yes  No. If yes, please state the person's name, relationship to individual, address, email and phone number: \_\_\_\_\_

6. Is the individual living with anyone else?  Yes  No. If yes, please state the person's name, relationship to individual, address, email and phone number: \_\_\_\_\_

7. List anyone else that may have additional information regarding the individual's condition:

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Please describe any efforts or steps you have already taken to assist the individual in to getting treatment or help for his/her alcohol related issue(s): \_\_\_\_\_

check here if additional pages are attached

I acknowledge that the individual has been asked about going voluntary to AODA treatment and they refused, please enter date and individuals response: \_\_\_\_\_

I acknowledge that I have been honest and have given firsthand information on individual's **usage of Alcohol in the past 12 months prior to filling out this paper.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date you are returning this packet: \_\_\_\_\_