STATE OF WISCONSIN CIRCUIT COURT NAME COUNTY

STATE OF WISCONSIN,

*Plaintiff,*

 Case No.: XX-YY-XX

CLIENT NAME,

 *Defendant.*

**ADMISSION OF SERVICE**

On August 19, 2025, I, an authorized representative of the Department of Health Services, received a copy of the following documents related to this NAME County Case XX-YY-XX:

* Notice of Intent to Pursue Postdisposition Relief
* Notice to Continue Stay

 Signature

 Name Printed or Typed

 Address