

Disability Rights Wisconsin "DRW" is the designated Protection and Advocacy system for individuals with disabilities in Wisconsin. Because of DRW's broad mission, the high demand for our services and our limited staff and financial resources, DRW cannot provide advocacy services to everyone who requests our assistance.

The practice of placing mental health inmates into segregation remains a serious issue. In order to determine whether we will accept your case we must evaluate your case based on its severity. As such, we are asking you to answer the following questions. After we review your response, we will decide whether we can assist you, depending on your case's severity and our available resources. Your responses will be kept confidential. Please return this document in the enclosed envelope.

**Please use an additional sheet if needed.**

**(1) Have you ever been diagnosed with a mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_**  
If yes, please specify the diagnosis or diagnoses.

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**(2) Do you know your mental health severity code (MR1, MR2?) \_\_\_\_\_**

**(3) Please provide the names of your treating psychiatrist and psychologist.**

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**(4) Please list all dates (including the durations) and institutions in which you were placed in segregation. If you cannot remember exact dates, or if the placements are too numerous to list, please approximate times and the number of placements.**

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**(5) Please describe how you believe your behaviors related to your mental illness caused you to be placed in segregation.**

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**(6) Did placement in segregation affect your mental health? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**If yes, please describe the effects segregation had on your mental health and what adverse behaviors it led to.**

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**(7) Was/is there an institutional plan of the steps necessary to get out of segregation?**  
**Yes \_\_\_\_\_ No \_\_\_\_\_**

**(a.) If yes, were you made aware of this plan? Yes \_\_\_\_\_ No \_\_\_\_\_**

**(b.) Please describe the plan and the steps that you took to get out of segregation in the space below:**

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**(8) How often did a psychologist or social worker visit you when you were in segregation? Were you allowed to see a psychologist in segregation at regular intervals upon request?**

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Name \_\_\_\_\_ Institution \_\_\_\_\_ DOB \_\_\_\_\_ DOC # \_\_\_\_\_