WISCONSIN TEENS: KNOW YOUR RIGHTS!

Wisconsin has provided a number of legal options for you to fight for your rights! You may wish to contact legal services (see below) to file an injunction. Remember, you have civil rights too! See: <u>www.heal-online.org/fedrights.pdf</u>. If you are fourteen years old or older you may be able to file for emancipation! See: <u>http://bostoncoop.net/lcd/emancipation/wisconsin.html</u>

If your parents have threatened to or are planning to have you institutionalized in a lockdown "24-hour secured" facility (including, but, not limited to: residential treatment programs, behavior modification programs, boot camps, wilderness camps/programs, etc.), you have options:

FILE AN INJUNCTION:

You can file for injunctive relief. You will need to contact legal aid or the ACLU for information on filing a petition for injunctive relief. The court may grant a temporary injunction against your parents sending you to any lock-down facility. At this point, you will be in a position to request a guardian ad litem or speak to the attorney of your choosing to act on your behalf.

ACLU of Wisconsin

Free Legal Aid in Wisconsin

Online:

Online:

www.aclu-wi.org

http://www.lawmoose.com/index. cfm?Action=Library.&Topic=wi38

ARE YOU ALREADY DOOMED?

If there is not enough time to file for injunctive relief before hired kidnappers come to spirit you away, choose a trusted friend or family member (preferably an adult) with whom to entrust your fight for freedom!

Attached is a limited power of attorney form that you can sign to grant your trusted friend or family member to get legal help on your behalf to fight for your release from an illegal and unconscionable behavior modification program/parent-funded private "prison"!

LIMITED POWER OF ATTORNEY TO SECURE YOUR FREEDOM!

I,		(your/te	en's name here), of		, (your
address)	hereby	appoint		(trusted	person),	of
		(trusted	l person's address), as my	attorney in f	fact to act in	ı my
capacity t	o do every	act that I ma	y legally do through an a	ttorney in fa	ct to obtain	my
release fro	om any ins	titution where	I may be involuntarily pla	aced prior to	reaching ag	ge of
majority. '	This power	shall be in fu	Ill force and effect on the	date below w	vritten and s	shall
remain in	full force	and effect unti	1(d	ate of your/te	en's ninete	enth
birthday)	or unless sp	pecifically exte	ended or rescinded earlier	by either part	у.	

Dated _____,(Month and Day)____(Year).

Signed_____(your/teen's name here)

STATE OF _____ Wisconsin _____

COUNTY OF _____

BEFORE ME, the undersigned <u>witness</u>, on this ______ (Day of Month) day of ______ (Month), _____ (Year), personally appeared to me well known to be the person described in and who signed the Foregoing, and acknowledged to me that he/she executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand the date aforesaid.

_____(signature of witness)

(address of witness)

*Witness needs to be third party, not the authorizing teenager nor the authorized/trusted person named above. Notary would be best!