IN THE CIRCUIT COURT OF THE

STATE OF OREGON

FOR _____ COUNTY

In the Matter of	)	
	)	**REPORT OF**
	)	**MENTAL HEALTH**
_____,	)	**INVESTIGATOR**
alleged to be a mentally ill person	)	

TO THE JUDGE OF THE ABOVE COURT:

Following the notification under oath of the Circuit Court of _____ County, Oregon that the above named person is a mentally ill person by:

( ) Two persons, the county health officer or a magistrate, _____,
name

_____ and _____, _____ ; or
relationship name relationship

( ) A physician licensed by the Oregon Board of Medical Examiners, _____,
name

_____ in consultation with a similarly qualified physician or a qualified mental health professional; or
hospital

( ) A community mental health program director or designee, _____, authorized by
name

the governing body of _____ County, Oregon.

I conducted an investigation of :_____, DOB:____/____/____,
name

_____, _____
street city

on the _____ day of _____, 20___, pursuant to ORS 426.070 to determine whether there is probable cause to believe that the above named person is in fact mentally ill. In accordance with OAR 309-33-940 pursuant to ORS 426.120(2)(c) I hereby make this report to the Circuit Court.

Findings and Recommendations of the Investigator

Based upon the evidence herein set forth below, I ( )do ( )do not find that the person has a mental disorder; and

A. ( )is ( )is not dangerous to self; or

( )is ( )is not dangerous to others; or

( )is ( )is not able to provide for basic personal needs and is not receiving such care as is necessary for health or safety.

B. ( )is ( )is not chronically mentally ill as defined in ORS 426.495; and

( )has ( )has not been twice placed in a hospital or inpatient facility within the previous three years by the Oregon Mental Health and Developmental Disability Services Division under ORS 426.060

( )is ( )is not exhibiting symptoms or behavior substantially similar to those that preceded and led to one or more of the placements in a hospital or approved inpatient facility, and unless treated

( )will ( )will not continue, to a reasonable medical probability, to physically or mentally deteriorate so that the person will become a person described in Section A above.

Furthermore, it is my recommendation the above named person ( ) would ( ) would not cooperate with and benefit from a program of voluntary treatment.

It is my recommendation that the Court take the following action:

( ) The Court take no action because there is no probable cause to believe that this person is a mentally ill person.

( ) The Court take no action because this person is willing to participate in treatment on a voluntary basis.

( ) Issue a citation for a commitment hearing and permit the person to remain in their present domicile under their own recognizance pending a hearing.

( ) Issue a citation for a commitment hearing and permit the person to remain in the custody of :

_____, _____
name of hospital or nonhospital facility address

( ) Issue a citation for a commitment hearing and issue a warrant of detention ordering the person to be detained at:

_____, _____
name of hospital or nonhospital facility address

( ) The Court order the person to be prohibited from purchasing a firearm pursuant to ORS 426.130((b)(D).

Evidence Considered by the Investigator

In conducting this investigation I interviewed the following persons:

Name	Relationship	Address	Phone	Consent of AMIP
				Y❑ N❑
				Y❑ N❑
				Y❑ N❑
				Y❑ N❑
				Y❑ N❑
				Y❑ N❑

I based the findings stated herein above upon the following evidence:

Present Illness. Evidence which describes the present illness and the course of events which led to the filing of the Notification of Mental Illness and which occurred during the investigation of the person including dates of admission, transfer or discharge from a hospital or nonhospital facility; any change in the mental status of the person during the course of the investigation; any medication administered during the investigation period that may substantially affect the ability of the person to prepare for or function effectively at the hearing; and attempts by the investigator to engage the person in voluntary treatment and the outcome.

Psychosocial History. The following evidence supports my belief that the above named person ( ) does ( ) does not have a mental disorder. The psychosocial history assesses Indicators of mental disorder in the following areas: Psychiatric history; Family history; History of alcohol or drug abuse; History of a loss of function; Medical issues.

Mental Status Examination. The following evidence supports my belief that the above named person ( ) does ( ) does not have a

mental disorder. The mental status examination assesses of the presence of indicators of a mental disorder in the following areas: Appearance, Behavior, Thought Content, Thought Process, Insight, Judgment, Cognitive Testing, and Emotions

Assessment of Dangerousness . The following evidence supports my belief that the above named person ( ) is ( ) is not dangerous. An assessment of the person's dangerousness includes: the history and presence of thoughts, plans or attempts at suicide, assaultiveness or violence; the means and ability to carry out the plans; the potential lethality of the plan; the probable imminence of an attempt at carrying out the plan; and available support systems which may prevent the person from acting on the plan. If recommending that the person be prohibited from purchasing a firearm, then describe the evidence which supports the request.

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Ability To Provide Basic Needs. The following evidence supports my belief that the above named person ( ) is able ( ) is not able to provide basic needs **and is not receiving such care as is necessary for health or safety. An assessment of a person's ability to provide for basic personal needs includes: a** History of the person's ability to provide for basic personal needs, the person's current use of resources to obtain food, shelter, and health care necessary for health and safety, behaviors which result in exposure to danger to self or others, available support systems which may provide the person care necessary for health and safety. If the person is appears to lack capacity to care for self, the person listed in this section is available to serve as guardian and can assure the provision of care.

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The foregoing report is true, as I verily believe.

_____ _____

Certified Mental Health Investigator (Print Name) Signature

Subscribed and sworn to before me this _____ day of _____, 20___

_____

Notary Public for Oregon

My commission expires _____

(seal)