

**IN THE CIRCUIT COURT OF THE
STATE OF OREGON**

FOR _____ COUNTY

In the Matter of _____)
)
)
)
_____)
a mentally ill person)

**NOTIFICATION
OF
MENTAL ILLNESS**

TO THE JUDGE OF THE CIRCUIT COURT:

The undersigned, each being duly sworn, says that:

_____ being presently within the above county and the
State of Oregon, is a mentally ill person, because:

and is in need of treatment, care or custody.

_____ (Signature)	_____ (Signature)
_____ (Printed Name/Relationship)	_____ (Printed Name/Relationship)
_____ (Address)	_____ (Address)
_____ (City)	_____ (City)
_____ (Telephone Number)	_____ (Telephone Number)

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

Notary Public for Oregon

My commission expires _____ (seal)

Original: Circuit Court
Copy: CMHP Petitioners