IN THE CIRCUIT COURT OF THE

STATE OF OREGON

FOR _____ COUNTY

In the Matter of	)	
	)	**REPORT OF**
	)	**MENTAL HEALTH EXAMINER**
_____	,)	
an allegedly mentally ill person	)	

I, the undersigned, being first duly sworn, depose and say:

( ) I am certified and recommended by the Mental Health and Developmental Disability Services Division of the State of Oregon to examine persons alleged to be mentally ill, or

( ) I am duly and regularly licensed by the State Board of Medical Examiners for the State of Oregon to practice medicine and surgery, and have had approved residency training in psychiatry.

I was appointed by the Judge of the Circuit Court to examine the above-named person as to the person's mental condition and that by the virtue of said appointment I have conducted an examination of above-named person on the _____day of _____, 20___, at _____

_____, _____,Oregon.
Facility Address

In accordance with OAR 309-33-960 pursuant to ORS 426.120(2)(c) I hereby make this report to the Circuit Court.

Findings of the Examiner

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,

( )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 opinion that the following type of facility would best help this person to recover from mental illness:_____

_____

_____

_____

_____

Evidence Considered by the Examiner

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

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

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; and Medical Issues.

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.

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.

_____

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_____

The foregoing report is true, as I verily believe.

_____ _____

Certified Mental Health Examiner (Print Name) Signature

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

_____

Judge

I have examined the foregoing report.

_____

Attorney for the allegedly mentally ill person.

_____

Date