IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR MARION COUNTY

In the Matter of)		NOTIFICATION OF MENTAL ILLNESS
Alleged to be a mentally ill person)		
TO THE JUDGE OF THE CIRCUIT CO	OURT:	
The undersigned, each being duly sworn, say	ys that:	
State of Oregon, is a mentally ill person, (see	e statutory (_, being presently within the above county and the definition on reverse side) 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 _	
	Notars	y Public for Oregon
		ommission expires

MENTALLY ILL (Definition)

ORS 426.005 "Mentally ill person" means a person who, because of a mental disorder, is either:

- a. Dangerous to himself or others; or
- b. Unable to provide for his basic personal needs and is not receiving such care as is necessary for his health and safety.

The following are other interested parties:

Name:	<u>Relationship</u>	Address	Phone Number

Original: Court

Copy: County Mental Health Program Director or Designee

State of Oregon Mental Health Division NOTIFICATION OF MENTAL ILLNESS CASE HISTORY*

A. **IDENTIFYING INFORMATION:** This information is about –

Name:					·
Last		Firs	st		M.I.
Maiden name or other names	used:				
Sex: () Male () Female	e Date of Bir	rth:		Age:	
Marital Status: () Single	() Married	() Separated	() Div	orced	() Widowed
Home Address:					
	Street		City		Zip
Telephone No:	Leng	th of residence at hor	me address:	In	Oregon:
If not an Oregon resident, sta Current location if not at hon					
Name:			Street		
- C'.			DI A	T 1	
City	State	Zip	Phone N	number	
Name of relative or legal guardian					ionship
Street Address		City	State 2	Zip	Phone Number
Names of dependents (including spou	se) and ages:				
Social Security #:		Medicaid or Medicaid	edicare #:		
Total Years of School:		Occupation:			
Years in Occupation:	·	When last employed?			
Veteran: () Yes () No		If yes: Serial Number	:		
Receiving Veteran's Disability: ()	Yes () No	If yes: Type of Disabi	ility:		
		Percentage of	Disability:		
Religious Preference: This case history shall be provided on	aly to the Pre-Co	ommitment Investigato	r, the Court, a	nd the pe	rson's attorney,

This case history shall be provided only to the Pre-Commitment Investigator, the Court, and the person's attorney and the treatment facility if committed.

B. PRESENTING PROBLEM:

1.	What problems have you <u>personally</u> observed that cause you to believe that this person has a mental disorder and is (a) dangerous to himself or others; or (b) unable to provide reasonable care for himself? (If additional space is needed, use last page.)
2.	What problems have been <u>reported to you</u> that suggest that this person has a mental disorder, as stated above? Reported by whom?

3.	Check the traits or behaviors which	h curre	ently describe this person	n:		
	Bedridden		_ Tense or fearful		Unti	dy
	Excited or agitated		_ Depressed		Viol	ent
	Suicidal		_ Apathetic or listless		Hom	icidal
	Hostile or suspicious		_ Confused, rambling,	disorgani	zed thinkin	g or speech
	Apparently seeing or hearing	things	that are not there			
	Unreasonable beliefs that peo	ple are	e against them			
	Physical or psychological wi	thdraw	val from others			
4.	Describe any traits or behaviors the page.)	at you	marked above. (If addi	tional spa	ice is neede	ed, use the last
5.	How and when did these problems	start?	Gradually	S	uddenly	Please explain:
6.	Describe any recent situations or inc	cidents	s which could have cau	sed these	problems:	
7.	Describe what this person was like Well adjusted? Un			al probler	ns:	

8.	Has this person been a patient at any mental health clinic, with a private physician or counselor, or at any hospital or other facility serving people with mental disorders? () Yes () No If yes, with whom, where and when?
9.	What medication is this person currently taking? Include prescribed and non-prescribed.
0.	What medication has been prescribed, but this person has <u>not</u> been taking?
1. —	Has this person been abusing or been addicted to any alcohol or drugs?
	Has this person shown any antisocial behavior (breaking laws or important social customs)? () Yes () No If yes, list any recent and relevant arrests and convictions and when.
3.	Are there any criminal or civil charges against this person at this time? () Yes () No If yes, explain.
4.	Has this person had any recent or chronic illness or serious accident? () Yes () No If yes, explain.

Does this per	son require any unusual ho	elp in caring for self? () Yes ()	No
OTHER INF	FORMATION		
	nembers of this person's in No If yes, identify.	nmediate family had a mental disorde	er?
		ves or friends who have an interest in	
Give the nam Name	es and addresses of relativ Relationship	ves or friends who have an interest in Address	the person's welfare. Phone
Name . What social a	Relationship	Address involved with this person or family?	Phone
Name 8. What social a	Relationship	Address involved with this person or family?	Phone

5. During this present illness, what plans were consider	ered other than commitment?
6. What would be the attitude of this person towards	nospitalization?
Toward commitment?	
D. PERSON(S) WHO PROVIDED THIS INFORM	AATION:
Name:	Relationship:
Address:	Phone:
How long have you known this person?	
How well do you know this person?	

DESCRIPTION SHEET

(to supplement Case History of N.M.I.)

NAME:
ADDRESS:
HEIGHT: WEIGHT: HAIR COLOR: EYE COLOR:
DISTINGUISHING FEATURES: (scars, tattoos, beard, etc.)
OTHER PERSONS AT THIS ADDRESS:
POES THIS PERSON DRIVE A CAR? YES () NO () F SO, DESCRIPTION OF CAR: MAKE-MODEL
YEAR: COLOR: LICENSE #:
DIRECTIONS TO PLACE OF RESIDENCE IF OUTSIDE CITY LIMITS OR DIFFICULT TO LOCATE:
DESCRIPTION OF RESIDENCE: