

STATE OF OREGON
OFFICE OF MENTAL HEALTH AND ADDICTION SERVICES

Conditions of Placement for Committed Persons Assigned to Trial Visit

IN THE MATTER OF _____, a mentally ill person committed by the Circuit Court of _____ County, Oregon on the ____ day of _____, 20____, I hereby assign the above named person to Trial Visit pursuant to ORS 426.127(2) in _____ County on condition that the above named person participate in outpatient treatment at:

_____ facility located at _____, participate in the following services:

comply with any medication orders for the treatment of mental illness given by a physician licensed by the State of Oregon to practice medicine and surgery by the Board of Medical Examiners; comply with following special conditions:

(CMHP Director or Designee Signature) (Print Name)

DATED this ____ day of _____, 20_____.

If the Trial Visit is outside the County of Commitment, complete the following:
Pursuant to ORS 426.273 I obtained verbal, telephonic or written approval to assign the above named person on Trial Visit to _____ County from the Community Mental Health Program Director or designee of the County of Placement, _____, of _____ County on the ____ day of _____, 20____. Furthermore, I obtained the verbal, telephonic

or written approval of the Community Mental Health Program Director or designee of the County of
Residence, _____, of _____
County on the _____ day of _____, 20_____.

(CMHP Director or designee Signature) (Print Name)

DATED this _____ day of _____, 20_____.