IN THE CIRCUIT COURT OF THE

STATE OF OREGON

FOR _____ COUNTY

In the Matter of	)	**NOTIFICATION OF**
	)	**FAILURE TO ADHERE TO**
	)	**CONDITIONS OF PLACEMENT**
_____,)		
alleged to be a mentally ill person	)	

TO THE JUDGE OF THE ABOVE COURT:
Whereas the above-named person having been committed as a mentally ill person on the _____ day of _____, 20_____ and having been:

( ) ordered on Conditional Release by the Circuit Court pursuant to ORS 426.125;

( ) placed on Outpatient Commitment by the Office of Mental Health and Addiction Services pursuant to ORS 426.127 or

( ) placed on Trial Visit by the Office of Mental Health and Addiction Services pursuant to ORS 426.273

in _____ County, Oregon.

Whereas I, the undersigned, am the ( ) community mental health program director or designee for _____ County, Oregon or ( ) a person appointed by the court pursuant to ORS 426.127 to provide care for the committed person on conditional release, I hereby notify the Circuit Court pursuant to ORS 426.275 that I believe the above named committed person has failed to adhere to the terms and conditions of placement because:

_____

_____

_____

_____

_____

Pursuant to ORS 426.275(3) I request that:

( ) The Conditions of placement be modified to include these more-restrictive terms or conditions:

_____

_____

_____

_____

_____

( ) The committed person be returned to the Office of Mental Health and Addiction Services for involuntary care and treatment on an in-patient basis.

_____ _____

(Signature of Care Giver, CMHP Director or designee) (Print Name)

DATED this _____ day of _____, 20____.

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

_____

Notary Public for Oregon

My commission expires _____

For Outpatient Commitment and Trial Visit attach copy of current conditions of placement.

Original: Circuit Court
Copy: CMHP Client record for Outpatient Commitment and Trial Visit