**Defendant’s Information:**

Defendant’s Name: Click here to enter text. DOB: Click here to enter a date.

SID: Click here to enter text. Case #: Click here to enter text.

County: Click here to enter text. Court: Click here to enter text. Judge: Click here to enter text.

Current Criminal Charges: Click here to enter text.

**Individual Completing Community Consultation:**

Name: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

**Consultation Dates:**

[ ]  Initial Consultation

Date of Court Order: Click here to enter a date.

Date of Consultation Interview: Click here to enter a date.

Date Submitted to Court: Click here to enter a date.

[ ]  Supplemental Consultation

Date of Court Order: Click here to enter a date.

Date of Consultation Interview: Click here to enter a date.

Date Submitted to Court: Click here to enter a date.

**Recommended Community Restoration Services:**

[ ]  **Mental Health Services:**

[ ]  Outpatient Services Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

[ ]  Intensive Outpatient Services Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

[ ]  Assertive Community Treatment (ACT) Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

[ ]  Other Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

[ ]  **Co-Occurring Substance Use Disorder Services:**

[ ]  Outpatient Services Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

[ ]  Intensive Outpatient Services Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

[ ]  Other Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

[ ]  **Intellectual and Developmental Disability Services (IDD/DD):**

[ ]  Service Coordination Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

[ ]  Support Services Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

[ ]  Comprehensive Services Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

[ ]  Other Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

[ ]  **Housing & Residential Services:**

[ ]  Independent Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

[ ]  Independent with Supports Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

[ ]  Clean and Sober Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

[ ]  Residential Mental Health Treatment Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

[ ]  Residential Co-Occurring Substance Use Disorder Treatment Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

[ ]  Residential Intellectual and Developmental Disability Services Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

[ ]  Secure Residential Treatment Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

[ ]  Other Click here to enter text.

[ ]  Not Present in Community [ ]  Not Available in Community

**Recommended Release Conditions/Requirements:** Click here to enter text.

**Risk Mitigation Plan:** Click here to enter text.

**Summary of Consultation:**

1. Method of Interview Click here to enter text.

[ ]  In person

[ ]  Video Conference

1. Location of Defendant During Interview Click here to enter text.

[ ]  Community

[ ]  Jail

[ ]  Hospital

[ ]  Other Click here to enter text.

1. Sources of Information Click here to enter text.

[ ]  Health Records

[ ]  Defendant Interview

[ ]  Collateral Interviews

[ ]  Criminal Justice Files

[ ]  Other Click here to enter text.

1. Local entities that were consulted because they would be responsible for providing community restoration services. Click here to enter text.

[ ]  Aging and People with Disabilities

[ ]  Veterans Affairs

[ ]  Parole and Probation

[ ]  Other Click here to enter text.

1. Extent of Defendant’s Participation in the Consultation?

[ ]  Engaged

[ ]  Refused

[ ]  Unable to Engage

Brief Explanation: Click here to enter text.

1. Defendant’s beliefs and requests regarding placement and services.

Brief Explanation: Click here to enter text.

1. Barriers to accessing necessary information: Click here to enter text.
2. Other Comments: Click here to enter text.

Signature:

**Resources:**

* Template court orders developed by the Oregon State Hospital
	+ <http://www.oregon.gov/oha/OSH/LEGAL/Pages/Evaluation-Order-Templates.aspx>
* Aid and Assist related Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR)
	+ <http://www.oregon.gov/oha/OSH/LEGAL/Pages/information-mental-health-providers.aspx>
* Legal Skills Curriculum developed by the Oregon State Hospital
	+ <http://www.oregon.gov/oha/OSH/LEGAL/Pages/information-mental-health-providers.aspx>
* Aid and Assist Consultation Report Template
	+ <http://www.oregon.gov/oha/OSH/LEGAL/Pages/information-mental-health-providers.aspx>

**Instruction Sheet**

Complete the Community Consultation template and submit to the court using the process agreed to in your jurisdiction with 5 judicial days as required in ORS 161.370 and OAR 309-088-0125.

The CMHP Director or Designee is responsible for archiving all completed Community Consultations.

Complete the Community Consultation as completely as possible. If there is a missing piece of information, please note that is was unavailable to you and why.

There are spaces at each section to add in narrative information such as program details, reason for service need, plans around risk or services, etc. Please use these sections to provide a fuller picture for the court to make it decisions around community placement or commitment.

**Defendant Information:** This section is completed to collect basic information on the defendant that the Community Consultation is being completed for.

**Individual Completing Community Consultation:** This section is to be filled out with the contact information of whomever is completing the Community Consultation and submitting it to the court.

**Consultation Dates:** These dates are required for to track the 5 judicial day deadline outlines in ORS 161.370 and OAR 309-088-0125. The dates should be completed for only the current Community Consultation that is being completed.

**Recommended Community Restoration Services:** This section is where you will provide specific recommendations on what Community Restoration Services you are recommending the defendant participate in if they were to be ordered into community-based competency restoration. You only need to mark each item if you are recommending it. If it is not present or available, you would mark that separately and explain in the space provided for each item the details.

**Recommended Release Conditions/Requirements:** This section is available to use, but is not required, to make recommendation to the court for specific release conditions/requirements such as drug testing, number of contacts per week, NA/AA, voluntary medications, participation in behavioral health treatment, specific community services, peer services, number of meetings with providers, and/or a Community Restoration Plan co-developed with defendant

**Risk Mitigation Plan:** This section is for use to describe any risk mitigation plans that you develop to specifically address the individual defendants needs.Examples may be to avoid certain locations, medication changes, etc. While it is like the “Recommended Release Conditions/requirements section, this section is used for planning specifically around the defendants risk factors.

**Summary of Consultation:** This section is to be used to provide an overall summary of the Community Consultation in a narrative form. It can also be used to provide information that is not otherwise captured in other sections of this template.

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**Signature:** A place has been provided for a digital signature on the document. You can type your name, sign with a digital signature pad, sign with your mouse, or attach a picture of a printed signature. Double click on the signature box to begin the process. If the document is edited after the signature is applied, the signature will automatically be removed and you will need to apply the signature again.

**Resources:** Include the Resources section when submitting the Aid and Assist Consultation Report to the court.