**IN THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURT OF THE STATE OF OREGON**

**FOR THE COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

STATE OF OREGON ) CASE NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Plaintiff, )

 ) DA NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 )

 v. )

 )

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** )

 Defendant. )

 ) **NOTICE TO CONTEST OREGON STATE**   ) **HOSPITAL EVALUATOR REPORT**

By this Notice, the State / Defendant contests the Oregon State Hospital evaluator’s reported dated \_\_\_\_\_ that concludes (defendant’s name) is not able to assist in their own defense.

Defendant will remain at Oregon State Hospital until the court sets a contested hearing in this matter and will be discharged to jail for the hearing, or within 30 days of filing of the evaluator’s report, whichever is sooner.

This Notice is filed with the Court and served upon Oregon State Hospital via email at osh.courtorders@odhsoha.oregon.gov upon filing.

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name and Role (defense counsel, DDA)

A copy of this document that is “fillable” is located at the following web address

<https://www.oregon.gov/OHA/OSH/LEGAL/Pages/Evaluation-Order-Templates.aspx>

 Page 1 of 1 Original to: Court / Copies to: OSH/Defendant/Defense Attorney/District Attorney/Judge