

Report of Peace Officer Custody of an Allegedly Mentally Ill Person

TO THE TREATING PHYSICIAN OF AN APPROVED HOSPITAL OR NONHOSPITAL FACILITY:

Re: _____
a person alleged to be mentally ill

I, _____, a peace officer of _____, Oregon,
agency
Badge No. _____ took the above-named person, DOB: _____, whose address is:

_____ into custody at ____ m., on the ____ day of _____, 20____ in
_____ County, Oregon for the following specific reasons: _____

_____ pursuant to ORS 426.228(1) because the above factors establish probable cause to believe the above named person is a mentally ill person who is dangerous to self or other and in need of immediate care, custody or treatment for mental illness.

X _____
Peace officer's signature

The community mental health program director of the above-named county can reached by telephone at:
(____) ____ - _____.

If more than one hour is required to transport the person to an approved hospital a physician must complete the following section prior to transport:

Physician's Certificate

I certify that I have personally examined the above-named person and believe the person is dangerous to self or other and in need of immediate care, custody or treatment for mental illness and that travel to _____, a hospital or other approved non-hospital facility will not be detrimental to the person's physical health.

Signed at _____ m., on the _____ day of _____, 20____.

X _____ M.D.
Signature

Deliver This Report to Treating Physician at Recieving Facility. Do Not File This Report With the Court.

Original: Treating physician
Copy: Peace Officer