IN THE CIRCUIT COURT OF THE
STATE OF OREGON
FOR _____ COUNTY

In the Matter of	)	**EMERGENCY DETENTION BY A**
	)	**COMMUNITY MENTAL HEALTH**
	)	**PROGRAM DIRECTOR OR DESIGNEE**
_____,	)	**(DIRECTOR'S HOLD)**
alleged to be a mentally ill person	)	

TO THE JUDGE OF THE ABOVE COURT :

You are hereby notified that at _____ .m. on the _____ day of _____, 20___, the undersigned, the community mental health program director or a designee, under authorization by the county governing body for _____, County, Oregon, directed a peace officer pursuant to ORS 426.233(1)(b)(A) to take the above-named person into custody and remove the person to: _____, a hospital or other facility approved by the Mental Health and Developmental Disability Services Division where the person was examined by: _____, a physician licensed by the Board of Medical Examiners for the State of Oregon, who:

( ) admitted the person to the hospital for care, custody and treatment of mental illness, or

( ) approved the above-named person for detention at a non-hospital facility and the undersigned authorized the admission of the person to:_____, a non-hospital facility approved by the Mental Health and Developmental Disability Services Division for emergency care, custody and treatment for mental illness.

The condition of the above-named person, as set forth in writing below, caused the undersigned to believe that the above-named person is dangerous to self or others because the person exhibits the following: (Briefly describe specific examples of thoughts, plans, means, actions, history of dangerousness, or other indicators that support the director's belief the person is imminently dangerous.)

_____
_____
_____
_____
_____

In addition, the undersigned believes that the above-named person is in need of emergency care or treatment for mental illness because the person exhibits the following: (Briefly describe specific indicators that support the director=s belief the person has a mental disorder.):

_____
_____
_____
_____
_____

Original: **Circuit Court**
Copy: **CMHP Director of the county where the person was taken into custody**
Copy: **Medical Record**

*X*_____ _____

(Signature of the CMHP Director or Designee) (Print Name)

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

_____

Notary Public for Oregon

My commission expires _____

The examining physician must complete the following section when approving a person for detention at an approved non-hospital facility:

I have personally examined the above-named person and approve the person for care, custody or treatment at an approved non-hospital facility. Signed at _____.m., on the _____ day of _____, 20___.

*X*_____ M.D. _____

(Signature) (Print Name)