BEFORE THE CIRCUIT COURT IN WASHINGTON COUNTY

OF THE STATE OF OREGON

In the Matter )

 )

 of ) ORDER FOR COMMUNITY EVALUATION

 ) FOR POSSIBLE CONDITIONAL RELEASE

NAME OF DEFENDANT )

  In accordance with ORS 161.327 (3)(b), the Honorable NAME OF JUDGE orders the evaluation of the above-named DEFENDANT to be conducted by INSERT NAME OF PSRB MENTAL HEALTH AGENCY DOING EVALUATION (SEE PSRB Residential Guide for list). The Judge asks that the following questions be addressed and answered within a report written in the Conditional Risk Assessment format.

 A. Is the patient affected by mental disease or defect? Does the patient present a substantial danger to others? If the patient is affected by a mental disease or defect which is in a state of remission, may the disease, with reasonable medical probability, occasionally become active and, when active, render the patient a danger to others.

 B. Provide your recommendation regarding whether the patient is appropriate for conditional release in the community. If yes, what supervision and treatment are necessary to allow the patient to remain safely in the community? Can you or your mental health program provide these services or can your agency monitor the provision of the services by other agencies or individuals? If no, please explain why. What services would the patient need that you believe you or your mental health program cannot provide? What does the patient need to work on in order to become better prepared for conditional release?

 C. If you can provide the necessary supervision, please provide specific details of the treatment plan, including the names of individuals who will be involved with the supervision and treatment, and the frequency and nature of those contacts. Also provide the name of the individual who would provide monthly progress reports to the Board and who would assume total case management responsibility.

IT IS FURTHER ORDERED that this Order of Evaluation grants the evaluators access to all records, including Oregon State Hospital records, community mental health, local hospital records, jail disciplinary and medical records, police reports, criminal records and all other records necessary to complete a full psychiatric evaluation and assessment regarding conditional release. Oregon State Hospital and all Mental Health agencies or Developmental Disability agencies shall release all records pertaining to this defendant.

IT IS FURTHER ORDERED that the results of this evaluation be submitted to the Court within 30 days of the date of the evaluation interview. Material from the Court’s file is enclosed (MAKE SURE TO INCLUDE ALL THE MENTAL HEALTH RECORDS, POLICE REPORTS, INDICTMENTS, .370 EVALS, AND GEI EVALUATIONS IN PACKET WITH THIS EVALUATION).

 The Board requests that arrangements for a convenient time and place for this evaluation interview be coordinated with Defense Counsel (or Jail Social Worker, if in jail) at telephone number 503-945-XXXX.

DATED this 8th day of May, 2012.

Judge Name (make sure it is signed)