

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

In the Matter of \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_, )  
 a person alleged to have a mental illness )

**NOTICE OF  
MENTAL ILLNESS  
BY TWO PERSONS  
PURSUANT TO  
ORS 426.070**

**TO THE JUDGE OF THE CIRCUIT COURT:**

The undersigned, each duly sworn, state that \_\_\_\_\_, DOB \_\_\_\_\_,  
 located at \_\_\_\_\_, is a person with mental illness and is in need  
 of treatment, care, or custody because (examples of actions, statements, behaviors, etc.):

|                             |                             |
|-----------------------------|-----------------------------|
| (Signature)                 | (Signature)                 |
| (Printed Name/Relationship) | (Printed Name/Relationship) |
| (Address)                   | (Address)                   |
| (City)                      | (City)                      |
| (Telephone Number)          | (Telephone Number)          |

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public for Oregon

My commission expires \_\_\_\_\_ (seal)

Original: Circuit Court  
 Copy: CMHP Director

OREGON HEALTH AUTHORITY  
Behavioral Health Division  
*Case History for a Two-Party Petition*

*This information will be shared with the investigator, the court, the person's attorney and the treatment facility.*

**A. INFORMATION ABOUT THE PERSON**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Sex: F M X

Residential address: \_\_\_\_\_

Current location, if different (facility, houseless, jail, etc.): \_\_\_\_\_

Address of current location: \_\_\_\_\_

**B. ADDITIONAL CONTACT PERSON INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

**C. HELPFUL BACKGROUND INFORMATION**

**Marital status:** Single Married Separated Divorced Widow(er)ed Partnered

**Income:** VA SSB SSI SSDI Paid employment SNAP Child support

**Medicaid:** Yes No **Medicare:** Yes No **Private Insurance:** Yes No

**Education achieved:** High School Some College 2-year 4-year Graduate level None

**Employed:** Yes No **Current or former occupation:** \_\_\_\_\_

**Veteran:** Yes No **Religious preference:** \_\_\_\_\_ **Language:** \_\_\_\_\_

**D. PRESENTING PROBLEM**

**What have you observed first hand that leads you to believe this person has a mental disorder and is a danger to self or others, or unable to provide for basic personal needs?**

**Select any of the following traits or behaviors that currently describe the person.**

Bedridden Tense Fearful Excited Agitated Violent

Untidy Depressed Destructive Suicidal Apathetic Listless

Hostile Suspicious Homicidal Isolation

Confused, rambling, disorganized thinking or speech

Seeing, hearing, smelling, or feeling things that aren't there

Unreasonable beliefs about or thoughts of persecution

Note: This case history must be included with the two-party petition form submitted to a CMHP by any two persons. Complete as much as possible and submit even if incomplete.

**Elaborate on your above selections (what the person sees or hears that you cannot? example of confused speech, describe living environment, etc.)**

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**When did you first observe that these traits and behaviors had started? Was the onset of them sudden or gradual?**

**Describe any recent changes, events, traumas, etc. that may have contributed to these issues.**

**What was this person like before any of these concerns came up? Were they previously unstable or more well adjusted?**

## E. CURRENT PHYSICAL AND MENTAL HEALTH CARE AND TREATMENT

**What major medical or mental health concerns are you aware this person experiences?**

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**Medical provider:** \_\_\_\_\_

Clinic name

Provider name

Number

**Mental health:** \_\_\_\_\_

Clinic name

Provider name

Number

**List any medications that you know this person is currently prescribed. Indicate if the person is taking the medication or not.**

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## F. OTHER CONCERNS OR CHALLENGES

Yes    No    **Does this person regularly use or misuse substances?**

*If yes, describe:*

Yes    No    **Are there any open criminal or other court cases involving this person?**

*If yes, describe:*

Yes    No    **Does this person typically need hand-on supports meeting their basic needs?**

*If yes, describe:*

## G. ADDITIONAL INTERESTED PERSONS

**Who else would have helpful information regarding this person's current status, their mental health condition(s), and their treatment needs?**

**1    Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**2    Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**3    Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_