

**Community Mental Health Director's Written Report
Regarding Peace Officer Custody of an Allegedly Mentally Ill Person**

TO THE TREATING PHYSICIAN OF AN APPROVED HOSPITAL OR NON-HOSPITAL FACILITY:

RE: _____, a person alleged to be mentally ill.

I, _____, the Community Mental Health Program Director or a designee approved by the county governing body of _____ County, Oregon, under ORS 426.233(1)(a), directed Peace Officer _____ of _____ (agency), Oregon, Badge No. _____, to take 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 426.233(1)(b) because the above factors establish probable cause to believe the above-named person is a mentally ill person who is dangerous to self or others and in need of immediate care, custody or treatment for mental illness; or the person is on conditional release, outpatient commitment or trial visit, and is dangerous to self or others, or is unable to provide for self.

Community Mental Health Program Director or Designee Signature

The Community Mental Health Program Director of the above-named county can be 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 (ORS 426.228(3)).

Physician's Certificate

I certify that I have personally examined the above-named person and believe the person is dangerous to self or others 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_____.

_____, M.D.
Signature

**DELIVER THIS REPORT TO TREATING PHYSICIAN AT RECEIVING FACILITY
DO NOT FILE THIS REPORT WITH THE COURT**