IN THE CIRCUIT COURT OF THE STATE OF OREGON

| FOR THE COUNTY OF | |
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| In the Matter of: |) CASE NO.:) NOTICE OF MENTAL ILLNESS |
| Alleged to be a mentally ill person. | BY A COMMUNITY MENTAL HEALTH PROGRAM DIRECTOR OR DESIGNEE FOR PLACEMENT IN NON-HOSPITAL FACILITIES (DIRECTOR'S HOLD) |
| TO THE JUDGE OF THE ABOVE COURT: | |
| person for detention at a non-hospital facility, at | ers for the State of Oregon, who approved the above-named, on the, day of, ealth program director or a designee, under authorization by County, Oregon, authorized the admission of the, a non-hospital facility approved by the Oregon ency care, custody and treatment for mental illness. |
| | rs because the person exhibits the following (briefly describe, history of dangerousness, or other indicators that support ous): |
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| | named person is in need of emergency care or treatment for ing (briefly describe specific indicators that support the |
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Original: Circuit Court Copy: CMHP Director of the county where the person was taken into custody Copy: Medical Record

| l, | , declare under penalty of perjury under the laws of the |
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| | t and that I understand it is made for use as evidence in |
| | (Signature of the CMHP Director or Designee |
| | |
| The examining physician must complete for detention at an approved non-hospita | the following section when approving a person |
| I have personally examined the above-name custody or treatment at an approved non-ho day of, 20 | spital facility. Signed atm, on the |
| , | _ ' |