

I, _____, declare under penalty of perjury under the laws of the State of Oregon that the foregoing is true and correct and that I understand it is made for use as evidence in court. Executed on _____, 20_____.

(Signature of the CMHP Director or Designee)



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_____.

(Signature)

(Printed Name)