

**IN THE CIRCUIT COURT OF THE
STATE OF OREGON**

FOR _____ COUNTY

In the Matter of _____)
)
)
)
_____,)
alleged to be a mentally ill person)

**NOTICE OF MENTAL ILLNESS
EMERGENCY HOSPITALIZATION
BY A PHYSICIAN**

TO THE JUDGE OF THE ABOVE COURT :

You are hereby notified that at _____ .m. on the _____ day of _____, 20____, the undersigned, a physician licensed to practice medicine by the Oregon Board of Medical Examiners, after completing a face to face examination of the above-named person and in consultation with: _____, () a similarly qualified physician or () a qualified mental health professional , neither of whom are related by blood or marriage to the above-named person, admitted or caused to be retained in:

_____, a hospital approved by the Mental Health and Developmental Disability Services Division where the undersigned has admitting privileges.

The condition of the above-named person, as set forth in writing below, caused the undersigned to believe that the above-named person is dangerous to self or others because the person exhibits the following: (Briefly describe specific examples of thoughts, plans, means, actions, history of dangerousness, or other indicators that support the physician’s belief the person is imminently dangerous.) _____

_____.

In addition, the undersigned believes that the above-named person is in need of emergency care or treatment for mental illness because the person exhibits the following: (Briefly describe specific indicators that support the physician=s belief the person has a mental disorder: _____

_____.

_____, M.D. _____

(Signature)

(Print Name)

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public for Oregon
My commission expires _____

Original: Circuit Court
Copy: CMHP Director
Copy: Medical Record