BEFORE THE CIRCUIT COURT IN **COUNTY**

OF THE STATE OF OREGON

In the Matter )

)

of ) ORDER FOR COMMUNITY CONSULTATION

) FOR POSSIBLE CONDITIONAL RELEASE

**DEFENDANT** )

  In accordance with ORS 161.327(2)(b), the Honorable **NAME OF JUDGE** orders the consultation of the above-named DEFENDANT to be conducted by **INSERT NAME OF PSRB MENTAL HEALTH AGENCY DOING EVALUATION**. The Judge asks that a community consultation be completed using the PSRB Community Consultation Report template. In accordance with ORS 161.327(3)(a), IT IS FURTHER ORDERED that if the outcome of the community consultation indicates that the necessary supervision and treatment are available in the community and appropriate for the person, **NAME OF PSRB MENTAL HEALTH AGENCY DOING EVALUATION** conduct a full evaluation of the above-named **DEFENDANT** addressing and answering the following questions within a report written in the PSRB Community Evaluation format.

A. Is the person affected by a qualifying mental disorder? Does the person present a substantial danger to others? If the person is affected by a qualifying mental disorder which is in a state of remission, may the disorder, with reasonable medical probability, occasionally become active and, when active, render the person a danger to others?

B. Provide your recommendation regarding whether the person is appropriate for conditional release in the community. If yes, what supervision and treatment are necessary to allow the person to remain safely in the community? Can you or your mental health program provide these services or can your agency monitor the provision of the services by other agencies or individuals? If no, please explain why. What services would the person need that you believe you or your mental health program cannot provide? What further treatment recommendations are required for the person to become better prepared for conditional release?

C. If you can provide the necessary supervision, please provide specific details of the treatment plan using the PSRB’s Summary of Conditional Release Plan template. Please include the names of individuals who will be involved with the supervision and treatment, and the frequency and nature of those contacts. Also provide the name of the individual who would provide monthly progress reports to the Board and who would assume oversight of the conditional release plan.

IT IS FURTHER ORDERED that this Order of Consultation grants the evaluators access to all records, including police reports, aid and assist and criminal responsibility evaluations related to the instant offense as well as relevant mental health records from the Oregon State Hospital, community mental health, local hospital, jail, criminal history and all other records necessary to complete the consultation, evaluation and propose a conditional release plan. Oregon State Hospital and all Mental Health agencies or Developmental Disability agencies shall release all records pertaining to this defendant.

IT IS FURTHER ORDERED that the results of this consultation be submitted to the Court within 14 days of the date of the consultation interview and that the results of the evaluation, if conducted, be submitted to the Court within 30 days of the consultation interview. Material from the Court’s file is enclosed (MAKE SURE TO INCLUDE ALL THE MENTAL HEALTH RECORDS, POLICE REPORTS, INDICTMENTS, .370 EVALS, AND GEI EVALUATIONS IN PACKET WITH THIS EVALUATION).

The Board requests that arrangements for a convenient time and place for this evaluation interview be coordinated with **NAME OF DEFENSE COUNSEL OR JAIL SOCIAL WORKER** at **PHONE NUMBER**.

DATED this **DAY** day of **MONTH**, **YEAR**.



**Judge Name**