IN THE CIRCUIT COURT OF THE
STATE OF OREGON
FOR LINN COUNTY

In the Matter of)	NOTIFICATION OF MENTAL ILLNESS
)	
_____,)	
Alleged to be a mentally ill person)	

TO THE JUDGE OF THE CIRCUIT COURT:

The undersigned, each being duly sworn, says that:

_____, being presently within the above county and the State of Oregon, is a mentally ill person, (see statutory definition on reverse side) because:

_____

_____

_____

_____

_____

_____

and is in need of treatment, care or custody.

_____	_____
(Signature)	(Signature)
_____	_____
(Printed Name/Relationship)	(Printed Name/Relationship)
_____	_____
(Address)	(Address)
_____	_____
(City)	(City)
_____	_____
(Telephone Number)	(Telephone Number)

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

_____
Notary Public for Oregon
My commission expires _____

MENTALLY ILL

(Definition)

ORS 426.005 “Mentally ill person” means a person who, because of a mental disorder, is either:

a. Dangerous to themselves or others; or

b. Unable to provide for their basic personal needs and is not receiving such care as is necessary for their health and safety.

The following are other interested parties:

Name:	Relationship	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mental Health Division
NOTIFICATION OF MENTAL ILLNESS
CASE HISTORY*

A. **IDENTIFYING INFORMATION:** This information is about –

Name:_____ _____ _____
Last First M.I.

Maiden name or other names used:_____

Sex: ( ) Male ( ) Female ( ) Other Date of Birth: _____
Age:_____

Marital Status: ( ) Single ( ) Married ( ) Separated ( ) Divorced ( ) Widowed

Home Address: _____ _____ _____
Street City Zip

Telephone No:_____ Length of residence at home address: _____ In Oregon:_____

If not an Oregon resident, state of legal residence: _____ Citizen of what country?_____

Current location if not at home address (is in hospital, treatment facility, jail or elsewhere):

Name of facility: _____
Address:
_____

_____ _____ _____
City State Zip
Phone for facility: _____

Name of relative or legal guardian_____ _____
Relationship

_____ _____ _____ _____ _____
Street Address City State Zip Phone Number

Names of dependents (including spouse) and ages:

_____ _____

_____ _____

_____ _____

Social Security #:_____ Medicaid or Medicare #:_____

Total Years of School: _____ Occupation: _____

Years in Occupation:_____ When last employed? _____

Veteran: ( ) Yes ( ) No If yes: Serial Number: _____

Receiving Veteran's Disability: ( ) Yes ( ) No If yes: Type of Disability: _____

B. PRESENTING PROBLEM:

1. What problems have you personally observed that cause you to believe that this person has a mental disorder and is (a) dangerous to themselves or others; or (b) unable to provide reasonable care for themself? (If additional space is needed, use last page.)

2. What problems have been reported to you that suggest that this person has a mental disorder, as stated above? Reported by whom?

3. Check the traits or behaviors which currently describe this person:

____ Bedridden ____ Tense or fearful ____ Poor hygiene

____ Excited or agitated ____ Depressed ____ Violent

____ Suicidal ____ Apathetic or listless ____ Homicidal

____ Hostile or suspicious ____ Confused, rambling, disorganized thinking or speech

____Apparently seeing or hearing things that are not there

____Unreasonable beliefs that people are against them

____ Physical or psychological withdrawal from others

4. Describe any traits or behaviors that you marked above. (If additional space is needed, use the last page.)

_____

_____

_____

_____

_____

_____

_____

5. How and when did these problems start? _____ Gradually _____ Suddenly Please explain:

_____

_____

6. Describe any recent situations or incidents which could have caused these problems:

_____

_____

_____

7. Describe what this person was like before the start of these mental problems:
____ Well adjusted? _____ Unstable? Please explain?

_____

_____

_____

8. Has this person been a patient at any mental health clinic, with a private physician or counselor, or at any hospital or other facility serving people with mental disorders? ( ) Yes ( ) No
If yes, with whom, where and when?

_____

_____

_____

9. What medication is this person currently taking? Include prescribed and non-prescribed.

_____

_____

_____

10. What medication has been prescribed, but this person has <u>not</u> been taking?

_____

_____

_____

11. Has this person been abusing or been addicted to any alcohol or drugs? For how long? What substances?

_____

_____

12. Has this person shown any antisocial behavior (breaking laws or important social customs)?
( ) Yes ( ) No If yes, list any recent and relevant arrests and convictions and when.

_____

_____

13. Are there any criminal or civil charges against this person at this time?
( ) Yes ( ) No If yes, explain.

_____

_____

14. Has this person had any recent or chronic illness or serious accident?
( ) Yes ( ) No If yes, explain.

_____

_____

15. Does this person have any physical defects or deformities? ( ) Yes ( ) No

_____

_____

_____

16. Does this person require any unusual help in caring for self? ( ) Yes ( ) No

_____

_____

_____

C. OTHER INFORMATION

1. Have other members of this person's immediate family had a mental disorder?
   ( ) Yes ( ) No If yes, identify.

_____

_____

2. Give the names and addresses of relatives or friends who have an interest in the person's welfare.

Name	Relationship	Address	Phone

_____

_____

_____

3. What social agencies are interested and involved with this person or family?
   Give name, address and nature of agency's interest.

_____

_____

_____

_____

4. Name, phone number and address of family physician.

_____

_____

5. During this present illness, what plans were considered other than commitment?

_____

_____

_____

_____

6. What would be the attitude of this person towards hospitalization?

_____

Toward commitment?_____

_____

A. PERSON(S) WHO PROVIDED THIS INFORMATION:

Name: _____ Relationship: _____

Address:_____ Phone:_____

How long have you known this person? _____

How well do you know this person? _____

DESCRIPTION SHEET

(to supplement Case History of N.M.I.)

NAME:_____

ADDRESS:_____

_____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

DISTINGUISHING FEATURES: (scars, tattoos, beard, etc.)

_____

_____

OTHER PERSONS AT THIS ADDRESS:_____

_____

DOES THIS PERSON DRIVE A CAR? YES ( ) NO ( )

IF SO, DESCRIPTION OF CAR: MAKE-MODEL _____

YEAR: _____ COLOR: _____ LICENSE #: _____

DIRECTIONS TO PLACE OF RESIDENCE IF OUTSIDE CITY LIMITS OR DIFFICULT TO LOCATE:

_____

_____

_____

_____

DESCRIPTION OF RESIDENCE: _____

_____