

IN THE DISTRICT COURT OF

_____ COUNTY,

STATE OF UTAH

IN THE MATTER OF:

**REPORT OF EXAMINATION BY
DESIGNATED EXAMINER**

CASE NO.

I, _____, certify that on or before _____,
I did examine _____ for the purpose of reporting to
the Court my opinion as to the mental condition of _____ and
other known facts relating to the criteria for involuntary commitment. Based on
examination I report my findings to the court as attached.

DATED this _____ day of _____, 20_____.

Designated Examiner

REPORT OF DESIGNATED EXAMINER

I, the undersigned designated examiner, hereby certify that I am an authorized examiner designated by the Office of Substance Use and Mental Health in accordance with Utah Code Annotated 26B-5-301(3), and that on the _____ day of _____, 20_____, did examine _____, at _____.

Prior to examination, I informed the proposed patient that, if not represented by legal counsel, he/she did not have to say anything, the nature and reasons for the examination, that it was ordered by the court, that any information volunteered could form part of the basis for his or her involuntary commitment, and that findings resulting from the examination will be made available to the court.

I hereby report to the court my findings as to the mental condition of the proposed patient and for his/her need for custody, care, and treatment by a local mental health authority and based upon such examination as follows:_____

In conclusion, I find:

Initial Hearing

- _____The proposed patient is not mentally ill.
- OR _____The proposed patient has a mental illness but does not require involuntary commitment for the following reason(s):_____
- OR _____The proposed patient has a mental illness;
- _____ because of the proposed mental illness he poses a substantial danger of physical injury to others or himself, which may include the inability to weigh the basic necessities of life such as food, clothing, and shelter, if allowed to remain at liberty;
- _____ the patient lacks the ability to engage in a rational decision-making process regarding the acceptance of mental treatment as demonstrated by evidence of inability to weigh the possible risks of accepting or rejecting treatment;
- _____ there is no appropriate less-restrictive alternative to a court order of commitment; and
- _____ the local mental health authority can provide the individual with treatment that is adequate and appropriate to his conditions and needs.

Comments:_____

Review Hearing

- _____ The said patient is not mentally ill;
- OR _____ The said patient has a mental illness but does not require continued commitment for the following reason(s): _____
- OR _____ the patient is still mentally ill; and
_____ absent an order of involuntary commitment and without continued treatment he will suffer severe and abnormal mental and emotional distress as indicated by recent past history and will experience deterioration in his ability to function in the least restrictive environment, thereby making him a substantial danger to himself or others.

Comments: _____

Other Pertinent Information:

History of present illness: _____

Past and current treatment (if any): _____

Orientation: Person _____ Place _____ Time _____

Memory: Recent _____ Remote _____

Attitude: _____ Mood _____

Hallucinations, if any: _____

Diagnosis: _____

Recommendation: _____

Dated this _____ day of _____, 20_____.

Designated Examiner Signature