

IN THE DISTRICT COURT OF

_____ **COUNTY,**

STATE OF UTAH

IN THE MATTER OF:

**REPORT OF EXAMINATION BY
DESIGNATED EXAMINER FOR CIVIL
COMMITMENT CRITERIA II**

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 UCA 26B-5-332(16)(ii) as follows:_____

In conclusion, I find:

Initial Hearing

_____The proposed patient has been charged with a criminal offense;

_____ with respect to the charged offense, the proposed patient is found incompetent to proceed as a result of a mental illness;

_____ the proposed patient has a mental illness.

_____ the proposed patient has a persistent unawareness of their mental illness and the negative consequences of that illness, or within the preceding six months has been requested or ordered to undergo mental health treatment but has unreasonably refused to undergo that 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: _____

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

Utah Code Annotated 26B-5-332(10) and 26B-5-333