

**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 Court Ordered Assisted Outpatient  
Treatment. 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 62A-15-602(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, it was ordered by the court, any information volunteered could form part of the basis for his or her Court Ordered Outpatient Treatment, 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 Court Ordered Assisted Outpatient Treatment for the following reason(s): \_\_\_\_\_
- OR \_\_\_\_\_ The proposed patient has a mental illness;
- \_\_\_\_\_ There is no appropriate less-restrictive alternative to a court order of commitment; and
- \_\_\_\_\_ The proposed 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;
- \_\_\_\_\_ The proposed patient needs assisted outpatient treatment in order to prevent relapse or deterioration that is likely to result in the proposed patient posing a substantial danger to self or others.
- \_\_\_\_\_ The local mental health authority can provide the proposed patient with treatment that is adequate and appropriate to their conditions and needs.

Comments: \_\_\_\_\_

---

---

### Review Hearing

OR \_\_\_\_\_ The said patient is not mentally ill;  
OR \_\_\_\_\_ The said patient has a mental illness but does not require continued Court  
Ordered Assisted Outpatient Treatment for the following reason(s): \_\_\_\_\_

OR \_\_\_\_\_ the said patient is still mentally ill; and  
\_\_\_\_\_ absent a Court Order of Assisted Outpatient Treatment and without continued  
treatment the said patient will suffer severe and abnormal mental and emotional  
distress as indicated by recent past history and will experience deterioration in their  
ability to function in the least restrictive environment, thereby making a substantial  
danger to themselves 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**