

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

State of Oregon

Plaintiff

v.

Case No: \_\_\_\_\_

**ORDER FOR COMMUNITY  
MENTAL HEALTH  
CONSULTATION**

Defendant

This matter came before the Court

- ☐ for a hearing on \_\_\_\_\_ (date) concerning Defendant's fitness to proceed  
☐ on a party's motion

Defendant ☐ appeared (in person or remotely) / ☐ did not appear, represented by counsel  
(name/ bar number) \_\_\_\_\_.

The State appeared through (name/ bar number) \_\_\_\_\_.

Based on the Court's review and consideration of (check all that apply):

- ☐ a report from a local community mental health program (CMHP) dated: \_\_\_\_\_  
☐ a report from a certified evaluator dated: \_\_\_\_\_  
☐ the court's inquiry and observation of Defendant  
☐ statements from counsel  
☐ other information:

**THE COURT FINDS (check all that apply):**

- ☐ 1. The Court has reason to doubt that Defendant is fit to proceed in this case.  
☐ 2. Defendant is unfit to proceed in this case.  
☐ 3. The Court committed Defendant to the Oregon State Hospital (OSH) for fitness restoration services pursuant to ORS 161.370 on \_\_\_\_\_ (date).  
☐ 4. The Court received a notice from OSH dated \_\_\_\_\_, stating Defendant no longer needs a hospital level of care pursuant to ORS 161.371.  
☐ 5. The Court received a notice from OSH dated \_\_\_\_\_, stating that, pursuant to federal court order, Defendant's maximum commitment period will end on \_\_\_\_\_ (date)

### THE COURT ORDERS:

1. Defendant is to participate in a consultation with the CMHP Director, or Director's designee, in the charging jurisdiction.
2. The CMHP is to, within five judicial days of the date this Order is signed:
  - a. consult with Defendant and with any local entity that would be responsible for treating Defendant if Defendant were to be released in the community to determine whether appropriate community restoration services are present and available in the community and
  - b. file the consultation findings with this court
3. If the CMHP determines that appropriate community restoration services are present, the CMHP is to immediately begin the referral process for community placements and services.
4. **Release of Records to CMHP:** Records disclosed under this Order cannot be used for any other pending or subsequent matter absent order of the Court, except pursuant to standard releases of information. The Court finds good cause for ordering providers, including corrections health services, with whom Defendant has received treatment services to release the following information upon request of the CMHP in the charging jurisdiction for purposes of a CMHP consultation to determine whether appropriate community restoration services are present and available in the community:
  - ☐ a. Information from Defendant's designated medical record requested by CMHP
  - ☐ b. *(check if applicable)* **Substance Use Treatment Records:** To the extent any information or records described in section (4)(a) of this Order relates to a substance use disorder diagnosis or treatment, as defined in 42 C.F.R. Part 2, ORS 430.399(6), and ORS 430.475(2), the court finds that: (i) disclosure is not for the purpose of criminal investigation and prosecution; (ii) the information or records shall be used solely for the purpose of evaluating Defendant's fitness to proceed; (iii) other ways of obtaining the information are not available or would not be effective; and (iv) the public interest in and need for disclosure outweigh the potential injury to Defendant's relationship with treatment providers. Any public body and private provider disclosing substance use treatment records pursuant to this Order is to disclose the minimally necessary records and information that are essential to fulfill the objectives of this Order.

☐ Future hearing(s) on this case are set for (date/time/location):

<input type="checkbox"/> Prepared by the Court	<input type="checkbox"/> Submitted by attorney for: <input type="checkbox"/> Defendant <input type="checkbox"/> State  _____ Printed Name  _____ Signature  _____ OSB #
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*Judge Signature:*

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