

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

State of Oregon

Plaintiff

v.

Case No: _____

**FINDINGS AND ORDER
FOLLOWING ☐ STATUS
REVIEW/☐ REVIEW
HEARING ON COMMUNITY
RESTORATION**

Defendant

Chapter 559, §45 (5)(a) (2025 Laws)

This matter came before the Court on _____ for a review of Defendant's participation in community restoration and treatment services, pursuant to Order to Engage in Community-Based Restoration and Treatment Services, dated _____.

Type of Proceeding:

- ☐ Status Review
- ☐ With hearing
- ☐ Without hearing
- ☐ Review Hearing
- ☐ 90-day review hearing
- ☐ 180-day review hearing

Party Appearances

Deputy District Attorney: _____

Defense Counsel: _____

Defendant: ____ Present ____ Not Present ____

Warrant ordered? ☐ Failure-to-Appear (FTA) warrant / ☐ Revoke release warrant ☐ No

Details:

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 of a certified evaluator, dated _____
- ☐ The Court's inquiry and observation of Defendant at the hearing
- ☐ Statements from counsel
- ☐ Witness testimony from State's witnesses
- ☐ Witness testimony from Defendant's witnesses
- ☐ Other information:

THE COURT FINDS:

1. Defendant's Current Fitness Status

- ☐ Defendant has gained fitness to proceed (*ORFX*)
- ☐ Defendant lacks fitness to proceed (*OR*)
- ☐ Defendant has no substantial probability to gain or regain fitness ("Never Able") (*ORUU*)

2. Defendant's Current Placement

- ☐ Jail
- ☐ Secure residential treatment facility
- ☐ Non-secure residential treatment facility (24-hour treatment/care)
- ☐ Other supportive housing (☐ Stable/ ☐ Not Stable):
 - ☐ Adult foster home ☐ Transitional ☐ Other
- ☐ Not in supportive housing (☐ Stable/ ☐ Not Stable):
 - ☐ Residence ☐ Unhoused ☐ Absconded/Unknown

3. Defendant's Current Restoration Treatment and Services

a. Services Provided

Restoration treatment and services ☐ were/ ☐ were not provided to Defendant.
Additional Information (optional):

b. Defendant Engagement in Services

Defendant ☐ is/ ☐ is not currently engaging in restoration treatment and services provided.
Additional Information (optional):

4. Purpose of Community Restoration

- ☐ Is being met
☐ Is NOT being met

5. Community Restoration End Date (Maximum Allowable Time)

Case Number	Community Restoration Anticipated End Date in Most Recent Order

THE COURT ORDERS:

1. The Order to Engage in Community-Based Restoration and Treatment Services, dated _____, remains in effect, except as modified by this Order.

2. New Community Restoration End Date (Maximum Allowable Time)

Case Number	Additional Days Excluded from Calculation	New Community Restoration Anticipated End Date

The following days were excluded when calculating the maximum period of community restoration, because Defendant was:

- ☐ Between failure to appear at scheduled court appearance and appearance at next scheduled court appearance, other than to address FTA Total Days: _____
- ☐ Between failure to appear at scheduled evaluation and appearance at next scheduled court appearance Total Days: _____
- ☐ In violation of release agreement that impacts community restoration Total Days: _____
- ☐ In custody at local or state correctional facility Total Days: _____
- ☐ Failing to make reasonable efforts toward gaining fitness Total Days: _____
- ☐ Not attending/complying with services/treatment Total Days: _____
- ☐ Non-compliant with taking/receiving/refusing medications Total Days: _____
- ☐ Absconding from secure facility Total Days: _____

3. Next Community Restoration Review Hearing

- ☐ 45-day status review due by: _____
- ☐ 90-day review hearing (if most serious offense Class A non-person misdemeanor, Class B or Class C misdemeanor) due by: _____
- ☐ 180-day review hearing due by: _____

4. Additional Orders:

☐ 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 #

Judge Signature:
