In the Circuit Court of the State of Oregon

for the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| State of Oregon |  | **Case No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Plaintiff |  |  |
| v. |  | **FINDINGS AND ORDER FOLLOWING  STATUS REVIEW/ REVIEW HEARING ON COMMUNITY RESTORATION** |
|  |  |  |
|  |  |  |
| Defendant |  | *(ORS 161.370)* |

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** |
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**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** |
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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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Prepared by the Court | Submitted by attorney for:  Defendant  State  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OSB # |

*Judge Signature:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_