In the Circuit Court of the State of Oregon

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 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** |
|  |  |
|  |  |
|  |  |
|  |  |

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

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

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

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

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

|  |  |
| --- | --- |
| [ ]  Prepared by the Court | [ ]  Submitted by attorney for: [ ]  Defendant [ ]  State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OSB # |

*Judge Signature:*

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