

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

State of Oregon

Plaintiff

v.

Case No: _____

**ORDER FOR MENTAL
HEALTH EVALUATION**

Defendant

(ORS 161.365)

☐ This matter came before the Court on _____ for a hearing concerning Defendant's fitness to proceed pursuant to ORS 161.365

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 at the hearing
- ☐ 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 by reason of incapacity.

THE COURT ORDERS:

1. Defendant is to appear for scheduled psychiatric or psychological examination with a certified evaluator.
2. The evaluation is to be conducted by (check either a or b):
 - ☐ a. Oregon State Hospital (OSH) Forensic Evaluation Services (**Odyssey Code: ORFH**) (check one):
 - ☐ i. Defendant is committed to OSH for the purpose of an examination; the examination may include a period of observation, and OSH may retain custody of Defendant for the duration necessary to complete the examination, not to exceed 30 days;
 - ☐ ii. Defendant is to be examined remotely in custody of the county jail as scheduled by OSH and the county jail, in coordination with Defendant's attorney; or
 - ☐ iii. Defendant is to be examined remotely out of custody, as arranged by OSH and Defendant in coordination with Defendant's attorney.

- ☐ b. Private certified evaluator, who will examine the defendant (*check one*):
- ☐ i. Out of Custody (**Odyssey Code: OREC**)
- ☐ ii. In Custody (**Odyssey Code: OREI**)
3. The cost of the examination is to be paid by (*check one*):
- ☐ Oregon Public Defense Services
- ☐ _____ County
- ☐ Defendant
4. The following entity is to provide transportation of Defendant to and from examination facility (*check one*):
- ☐ county sheriff (Defendant is in custody)
- ☐ CMHP in _____ County
- ☐ Other: _____

Release of Records to Certified Forensic Evaluator:

1. 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 certified forensic evaluator for purposes of a forensic evaluation:
- ☐ a. Information from Defendant's designated medical record requested by certified forensic evaluator
- ☐ b. (*check if applicable*) **Substance Use Treatment Records:** To the extent any information or records described in section (1)(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:
