

**IN THE CIRCUIT COURT OF THE
STATE OF OREGON**

FOR _____ COUNTY

In the Matter of _____)
)
)
)
_____,)
an allegedly mentally ill person)

**CERTIFICATE FOR
DIVERSION FROM
COMMITMENT**

TO THE JUDGE OF THE ABOVE COURT:

We, the undersigned, being first duly sworn, depose and say:

I, _____ (Name), am the Community Mental Health Program Director, or designee, for _____ County, Oregon, and I, _____ (Name), am a physician licensed by the Oregon Board of Medical Examiners, who has had approved residency training in psychiatry, and we have probable cause to believe that the above named person is a mentally ill person as defined by ORS 426.005(1)(d) in need of care or treatment of mental illness because:

and do hereby request the court to postpone the hearing required by ORS 426.070 to 426.130 for fourteen days from the ____ day of _____, 20____ pursuant to ORS 426.237.

General Treatment Plan

During these fourteen days, the above named person will participate in care or treatment for mental illness according to the following general treatment plan:

A. The following classes of medication will be administered, if medication is to be administered, as indicated:

Yes ?	No ?	Anti psychotics	Yes ?	No?	Mood stabilizers
Yes ?	No?	Antidepressants	Yes ?	No ?	Anti-anxiety medications
Yes ?	No?	Anti-side effect medications	Yes ?	No ?	No medication

B. The range of mental health interventions, therapies or diagnostic procedures to be provided include:

C. The person's preferences about medications and therapies and any limitations on the specific use of medications or therapies to which the director and the treating psychiatrist have agreed include:

D. The location where treatment is to be initiated and the type of hospital or non-hospital facilities where the person may be transferred during the diversion include:

E. Other conditions or limitations agreed to by the person and the director concerning the care or treatment that is to be provided include:

A copy of this certificate was delivered to the above named person on _____ day of _____, 20____ at _____ a.m./p.m.

(CMHP Director or Designee Signature) (Print Name)

(Treating Psychiatrist Signature) (Print Name)

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public for Oregon

My commission expires _____ (seal)

Notices to the Person on Diversion

Emergency Seclusion or Restraint. Notice is hereby given that usual and typical restraints or seclusion may be employed in an emergency to assure health or safety which include:

Your Right to an Attorney. You have a right to an attorney before proceeding with this diversion. If you cannot afford an attorney, the court will appoint legal counsel to represent you at no cost. An attorney will review this certificate with you within 24 hours.

Your Right to a Hearing. It is your right to request an involuntary civil commitment hearing at this time during the fourteen days of this diversion. If you refuse treatment or demand to be discharged at any time during the fourteen days of diversion, you may be required to appear at an involuntary civil commitment hearing. If a judge finds you to be a mentally ill person you may be committed for up to 180 days. However, if a judge finds you not to be a mentally ill person you may be released. You have a right to talk with your attorney before request a hearing.