

**IN THE DISTRICT COURT OF**

\_\_\_\_\_ COUNTY,

**STATE OF UTAH**

**IN THE MATTER OF:**

**REPORT OF EXAMINATION BY  
DESIGNATED EXAMINER**

**CASE NO.**

I, \_\_\_\_\_, certify that on or before \_\_\_\_\_,  
I did examine \_\_\_\_\_ for the purpose of reporting to  
the Court my opinion as to the mental condition of \_\_\_\_\_ and  
other known facts relating to the criteria for involuntary commitment. Based on  
examination I report my findings to the court as attached.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Designated Examiner

# REPORT OF DESIGNATED EXAMINER

I, the undersigned designated examiner, hereby certify that I am an authorized examiner designated by the Division of Substance Abuse and Mental Health in accordance with Utah Code Annotated 62A-15-602(3), and that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, did examine \_\_\_\_\_, at \_\_\_\_\_.

Prior to examination, I informed the proposed patient that, if not represented by legal counsel, he/she did not have to say anything, the nature and reasons for the examination, that it was ordered by the court, that any information volunteered could form part of the basis for his or her involuntary commitment, and that findings resulting from the examination will be made available to the court.

I hereby report to the court my findings as to the mental condition of the proposed patient and for his/her need for custody, care, and treatment by a local mental health authority and based upon such examination as follows:\_\_\_\_\_

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In conclusion, I find:

Initial Hearing

\_\_\_\_\_The proposed patient is not mentally ill.  
OR \_\_\_\_\_The proposed patient has a mental illness but does not require involuntary commitment for the following reason(s):\_\_\_\_\_

OR \_\_\_\_\_The proposed patient has a mental illness;  
\_\_\_\_\_ because of the proposed mental illness he poses a substantial danger of physical injury to others or himself, which may include the inability to weigh the basic necessities of life such as food, clothing, and shelter, if allowed to remain at liberty;  
\_\_\_\_\_ the patient lacks the ability to engage in a rational decision-making process regarding the acceptance of mental treatment as demonstrated by evidence of inability to weigh the possible risks of accepting or rejecting treatment;  
\_\_\_\_\_ there is no appropriate less-restrictive alternative to a court order of commitment;  
and  
\_\_\_\_\_ the local mental health authority can provide the individual with treatment that is adequate and appropriate to his conditions and needs.

Comments:\_\_\_\_\_

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Review Hearing

- \_\_\_\_\_ The said patient is not mentally ill;
- OR \_\_\_\_\_ The said patient has a mental illness but does not require continued commitment for the following reason(s): \_\_\_\_\_
- OR \_\_\_\_\_ the patient is still mentally ill; and \_\_\_\_\_ absent an order of involuntary commitment and without continued treatment he will suffer severe and abnormal mental and emotional distress as indicated by recent past history and will experience deterioration in his ability to function in the least restrictive environment, thereby making him a substantial danger to himself or others.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Pertinent Information:

History of present illness: \_\_\_\_\_  
\_\_\_\_\_

Past and current treatment (if any): \_\_\_\_\_  
\_\_\_\_\_

Orientation:            Person \_\_\_\_\_            Place \_\_\_\_\_            Time \_\_\_\_\_

Memory:      Recent \_\_\_\_\_            Remote \_\_\_\_\_

Attitude: \_\_\_\_\_            Mood \_\_\_\_\_

Hallucinations, if any: \_\_\_\_\_  
\_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Recommendation: \_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Designated Examiner Signature**