

## 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: \_\_\_\_\_

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

In conclusion, I find:

### Initial Hearing

OR     \_\_\_\_\_ The proposed patient is not mentally ill  
       \_\_\_\_\_ The proposed patient has 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_