

# REPORT OF EXAMINATION

I, the undersigned designated examiner, hereby certify that I am an authorized examiner authorized 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\_\_\_\_\_, I did examine \_\_\_\_\_ at \_\_\_\_\_.

This examination was conducted for the purpose of reporting to the court my findings as to the mental condition of the said person, and for his/her need for custody, care, and treatment by a local mental health authority based upon such examination.

Prior to examination I informed the proposed patient that, if not represented by legal counsel, he/she did not have to say anything. The patient was advised of 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 would be made available to the court.

The report of my findings to the court are as follows:

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In conclusion, I find:

Review Hearing

\_\_\_\_\_ The said patient is not mentally ill.

or \_\_\_\_\_ The said patient has a mental illness but does not require 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/she will suffer severe and abnormal mental and emotional distress as indicated by recent past history and will experience deterioration in his/her ability to function in the least restrictive environment, thereby making him/her a substantial danger to himself/herself or others.

Comments:

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Diagnosis:

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

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_