

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

In the Matter of _____)
)
)
)
_____,)
a person alleged to have a mental illness)

**NOTICE OF
MENTAL ILLNESS
BY TWO PERSONS
PURSUANT TO
ORS 426.070**

TO THE JUDGE OF THE CIRCUIT COURT:

The undersigned, each duly sworn, state that _____, DOB _____,
located at _____, is a person with mental illness and is in need
of treatment, care, or custody because (examples of actions, statements, behaviors, etc.):

(Signature)	(Signature)
(Printed Name/Relationship)	(Printed Name/Relationship)
(Address)	(Address)
(City)	(City)
(Telephone Number)	(Telephone Number)

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

Notary Public for Oregon

My commission expires _____ (seal)

Original: Circuit Court
Copy: CMHP Director