

Examiner's Report – Commitment Proceeding (CD)

To:

County
Judicial District

Court Case Number:

From:

Proceedings for Commitment as:
Chemically Dependent (M.S. §253B.02, subd. 2)

Date of Report:

Court Information

In the Matter of the Civil Commitment of:	Date of Birth:
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Exam Information

Date of Exam:	Duration of Exam:
List Other Person(s) Present During Exam:	Did Respondent Participate in Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Pertinent Information Regarding Exam:	Location of Exam:

Statement of Purpose and Non-Confidentiality

Pursuant to M.S. 13.01, subd. 2, Respondent was informed of:

The role of the court-appointed examiner;
The purpose and intended use of the data collected during the evaluation and other information collected from collateral sources;
That information divulged in the interview is not confidential and can be disclosed in court as part of the commitment proceedings;
That the judge, prosecutor and defense attorney will receive a copy of the Examiner's Report;
That failure to cooperate in the examination is reported to court.

Comments:

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I. Background Information

1. Precipitating Events Leading to Commitment Petition

2. Information Sources
a) Records Reviewed:
b) Other Information Received by the Examiner:

3. Relevant Background Information
<i>Include prior CD Treatment History, medical complications associated with addiction, physical withdrawal symptoms, and legal consequences.</i>

4. Clinical Assessment
a) Behavioral Observations:
b) Psychological Testing (if any):

II. Diagnosis of Respondent's Mental Condition

1. Diagnosis												
a) Current DSM IV Diagnosis												
<table><tr><td>Per the medical records:</td><td>Per the Examiner:</td></tr><tr><td>Axis I:</td><td>Axis I:</td></tr><tr><td>Axis II:</td><td>Axis II:</td></tr><tr><td>Axis III:</td><td>Axis III:</td></tr><tr><td>Axis IV:</td><td>Axis IV:</td></tr><tr><td>Axis V:</td><td>Axis V:</td></tr></table>	Per the medical records:	Per the Examiner:	Axis I:	Axis I:	Axis II:	Axis II:	Axis III:	Axis III:	Axis IV:	Axis IV:	Axis V:	Axis V:
Per the medical records:	Per the Examiner:											
Axis I:	Axis I:											
Axis II:	Axis II:											
Axis III:	Axis III:											
Axis IV:	Axis IV:											
Axis V:	Axis V:											
b) Does Respondent suffer from chemical dependency?												
<input type="checkbox"/> Yes												
<input type="checkbox"/> No												
Provide the facts that support your response:												

III. Disorder Assessment

Minn. Stat. §253B.02, Subd. 2. Chemically dependent person. "Chemically dependent person" means any person (a) determined as being incapable of self-management or management of personal affairs by reason of the habitual and excessive use of alcohol, drugs, or other mind-altering substances; and (b) whose recent conduct as a result of habitual and excessive use of alcohol, drugs, or other mind-altering substances poses a substantial likelihood of physical harm to self or others as demonstrated by (i) a recent attempt or threat to physically harm self or others, (ii) evidence of recent serious physical problems, or (iii) a failure to obtain necessary food, clothing, shelter, or medical care.
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"Chemically dependent person" also means a pregnant woman who has engaged during the pregnancy in habitual or excessive use, for a nonmedical purpose, of any of the following controlled substances or their derivatives: opium, cocaine, heroin, phencyclidine, methamphetamine, or amphetamine.

1. Factual Basis for Determining if Chemical Dependency Exists

a) Has the Respondent engaged in excessive and habitual use of alcohol, drugs, or other mood-altering substances?

- Yes
 No

If Yes, please describe:

- i. Frequency:
ii. Amount:
iii. Names of Substances (please list):

b) Is Respondent incapable of self-management or management of personal affairs? Please describe the specific facts that support your opinion:

c) If Respondent is pregnant, during the pregnancy has she engaged in habitual or excessive use for a nonmedical purpose of alcohol, cannabis, cocaine, heroin, phencyclidine, methamphetamine, amphetamine, or any of their derivatives?

- Yes
 No

IV. Physical Harm Assessment

1. Factual Basis for Determining if Physical Harm Exists

a) Does Respondent's disorder pose a substantial likelihood of physical harm to self or others?

- Yes
 No

i. Has Respondent failed to obtain the necessary food, clothing, shelter, or medical care as a result of the impairment?

- Yes
 No

If Yes, describe:

ii. Has Respondent made a recent attempt or threat to physically harm self or others as a result of the impairment?

- Yes
 No

If Yes, describe:

V. Commitment Assessment and Opinions

1. Opinion

a) In my opinion:

- Respondent meets the statutory requirements to be committed as Chemically Dependent
 Respondent does not meet the statutory requirement to be committed as Chemically Dependent

Explain why:

b) Patient's preference for treatment and willingness to voluntarily participate in treatment:

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c) Facts that support or prevent a less restrictive treatment program or alternative program:
d) Would guardianship/conservatorship be an appropriate alternative to commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain why:
e) Additional Recommendations:

Examiner: _____
(Examiner's Signature)

Date: _____
(Date Report Completed)

Print Name: _____

Title: _____