

# Examiner's Report – Commitment Proceeding (MI)

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To:

County  
Judicial District

Court Case Number:

From:

Proceedings for Commitment as:  
Mentally Ill (M.S. §253B.02, subd.13)

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

<b>1. Precipitating Events Leading to Commitment Petition</b>

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

<b>3. Relevant Background Information</b>

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

## II. Diagnosis of Respondent's Mental Condition

<b>1. Diagnosis</b>												
a) Current DSM IV Diagnosis												
<table><tr><td><b>Per the medical records:</b></td><td><b>Per the Examiner:</b></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>	<b>Per the medical records:</b>	<b>Per the Examiner:</b>	Axis I:	Axis I:	Axis II:	Axis II:	Axis III:	Axis III:	Axis IV:	Axis IV:	Axis V:	Axis V:
<b>Per the medical records:</b>	<b>Per the Examiner:</b>											
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:												
<input type="checkbox"/> An organic disorder of the brain, or												
<input type="checkbox"/> A substantial psychiatric disorder												
<input type="checkbox"/> Neither												
Provide the facts that support your response:												

## III. Disorder Assessment

<b><i>Minn. Stat. §263B.02, subd. 13. Person who is mentally ill.</i></b>
<i>(a) A "person who is mentally ill" means any person who has an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality, or to reason or understand, which is manifested by instances of grossly disturbed behavior or faulty perceptions and poses a substantial likelihood of physical harm to self or others as demonstrated by:</i>
<i>(1) a failure to obtain necessary food, clothing, shelter, or medical care as a result of the impairment;</i>
<i>(2) an inability for reasons other than indigence to obtain necessary food, clothing, shelter, or medical care as a result of the impairment and it is more probable than not that the person will suffer substantial harm,</i>

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significant psychiatric deterioration or debilitation, or serious illness, unless appropriate treatment and services are provided;

(3) a recent attempt or threat to physically harm self or others; or

(4) recent and volitional conduct involving significant damage to substantial property.

(b) A **person is not mentally ill** under this section if the impairment is solely due to:

(1) epilepsy;

(2) developmental disability;

(3) brief periods of intoxication caused by alcohol, drugs, or other mind-altering substances; or

(4) dependence upon or addiction to any alcohol, drugs, or other mind-altering substances.

## 1. Factual Basis for Determining if Mental Disorder Exists

a) Provide the specific facts that illustrate if and how the Respondent is impaired regarding:

i. Thought:

ii. Mood:

iii. Perception:

iv. Orientation:

v. Memory:

b) Provide the specific facts that show the extent of Respondent's impairment with regard to the following:

i. Judgment:

ii. Behavior:

iii. Capacity to recognize reality:

iv. Capacity to reason or understand:

c) In your opinion, is the Respondent's disorder manifested by instances of grossly disturbed behavior or faulty perceptions?

Yes

No

If Yes, cite items from questions above that support your opinion:

d) Is the impairment solely due to epilepsy; mental retardation; brief periods of intoxication cause by alcohol, drugs or other mind-altering substances; or dependence upon or addiction to any alcohol, drugs, or other mind-altering substances?

Yes

No

If Yes, specify which of the above applies:

## 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?

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- 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 mentally ill
- Respondent does not meet the statutory requirements to be committed mentally ill
- None of the above

Explain why:

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

#### c) Facts that support or prevent a less restrictive treatment program or alternative program:

#### d) Would guardianship/conservatorship be an appropriate alternative to commitment?

- Yes
- No

If Yes, explain why:

#### e) Additional Recommendations:

Examiner: \_\_\_\_\_  
(Examiner's Signature)

Date: \_\_\_\_\_  
(Date Report Completed)

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_