

# Examiner's Report – Commitment Proceeding (MI & D)

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To:

County  
Judicial District

Court Case Number:

From:

Proceeding for Commitment as:  
Mentally Ill and Dangerous (M.S. §253B.02, subd.17)

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*

<p><b>Pursuant to M.S. 13.01, subd. 2, Respondent was informed of:</b></p> <p><i>The role of the court-appointed examiner;</i></p> <p><i>The purpose and intended use of the data collected during the evaluation and other information collected from collateral sources;</i></p> <p><i>That the report and collateral records may be viewed with proper legal authority;</i></p> <p><i>That the judge, prosecutor and defense attorney will receive a copy of the Examiner's Report;</i></p> <p><i>That failure to cooperate in the examination is reported to court.</i></p> <p><input type="checkbox"/> Comments:</p>
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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
<b>Per the medical records:</b>
Axis I:
Axis II:
Axis III:
Axis IV:
Axis V:
<b>Per the Examiner:</b>
Axis I:
Axis II:
Axis III:
Axis IV:
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. §253B.02, subd. 17. Person who is mentally ill and dangerous to the public.</i></b>
<i>A "person who is mentally ill and dangerous to the public" is a person (a) who is mentally ill; and (b) who as a result of that mental illness presents a clear danger to the safety of others as demonstrated by the facts that (i) the person has engaged in an overt act causing or attempting to cause serious physical harm to another and (ii) there is a substantial likelihood that the person will engage in acts capable of inflicting serious physical harm on another.</i>

<b>1. Factual Basis for Determining if Mental Disorder Exists</b>
a) Provide the specific facts that illustrate if and how the Respondent is impaired regarding:

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- 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 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. Dangerousness Assessment

### 1. Factual Basis for Determining if Physical Harm and Dangerousness 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:

**b) Does Respondent's disorder present a clear danger to the safety of others?**

- Yes
- No

**i. Has Respondent engaged in an overt act causing or attempting to cause serious physical harm to another?**

- Yes
- No

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<p>If Yes, describe:</p> <p><b>ii. Is there substantial likelihood that the person will engage in acts capable of inflicting serious physical harm on another?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, describe:</p>
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## V. Commitment Assessment and Opinions

<b>1. Opinion</b>
<p><b>a) In my opinion, Respondent meets the statutory requirements to be committed for the following: (Check all that apply)</b></p> <p><input type="checkbox"/> Mentally Ill <input type="checkbox"/> Mentally Ill and Dangerous <input type="checkbox"/> Neither</p> <p>Explain why:</p>
<p><b>b) Patient's preference for treatment and willingness to voluntarily participate in treatment:</b></p>
<p><b>c) Facts that support or prevent a less restrictive treatment program or alternative program:</b></p>
<p><b>d) Would guardianship/conservatorship be an appropriate alternative to commitment?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, explain why:</p>
<p><b>e) Additional Recommendations:</b></p>

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

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

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

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