

# Examiner's Report – Commitment Proceeding (DD)

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To:

County  
Judicial District

Court Case Number:

From:

Proceedings for Commitment as:  
Developmentally Disabled (M.S. §253B.02, subd. 14)

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>
<i>Include any prior psychological testing with author, date, and relevant scores.</i>

<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 a developmental disability?												
<input type="checkbox"/> Yes												
<input type="checkbox"/> No												
Provide the facts that support your response:												

## III. Disorder Assessment

**Minn. Stat. §253B.02, Subd. 14. Developmentally disabled person.** "Developmentally disabled person" means any person:

(a) who has been diagnosed as having significantly sub average intellectual functioning existing concurrently with demonstrated deficits in adaptive behavior and who manifests these conditions prior to the person's 22nd birthday; and

(b) whose recent conduct is a result of a developmental disability and poses a substantial likelihood of physical harm to self or others in that there has been

(i) a recent attempt or threat to physically harm self or others, or

(ii) a failure and inability to obtain necessary food, clothing, shelter, safety, or medical care.

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## 1. Factual Basis for Determining if a Development Disability Exists

a) Does Respondent have significantly sub average intellectual functioning?

- Yes  
 No

i. If Yes, has the sub average level of functioning existed concurrently with demonstrated deficits in adaptive behavior?

- Yes  
 No

ii. If Yes, were these conditions manifested conditions prior to Respondent's 22<sup>nd</sup> birthday?

- Yes  
 No

Please describe the specific facts that support your opinion:

b) Is the Respondent's recent conduct the result of a developmental disability?

- Yes  
 No

Please describe the specific facts that support your opinion:

## 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 developmentally disabled  
 Respondent does not meet the statutory requirement to be committed as developmentally disabled

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?

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Yes

No

If Yes, explain why:

**e) Additional Recommendations:**

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

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

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

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