

**COLLECTION OF INFORMATION FORM FOR
MENTAL ILLNESS AND INTELLECTUAL DISABILITY**

*AUTHORITY: Art. 16.22, Code of Criminal Procedure & Sec. 614.0032, Health & Safety Code
Approved by the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)*

SECTION I: DEFENDANT INFORMATION

Defendant Name (*Last, First*): _____ Offense: _____

Date of Birth: _____ CARE Identification # (*If available*): _____ SID or CID # (*If available*): _____

Last Four Digits of Social Security Number: _____

Current County or Municipality of Incarceration: _____ Date of Magistrate Order: _____

SECTION II: PREVIOUS HISTORY

Has the defendant been determined to have a mental illness or to be a person with an intellectual disability within the last year?

Yes *No* *Unknown*

Date of Previous Assessment (*if applicable*): _____

Previous Mental Health and/or Intellectual Disability Assessment Information (*if available*):

SECTION III: CURRENT INFORMATION

Most Recent Diagnosis(es) and Date(s) (*if available*):

At time of the collection of information or as indicated on the jail screening form for suicide and medical/mental/developmental impairments, is the defendant acutely decompensated, suicidal, or homicidal according to self-report?

Yes- Circle Above *No* *Not Applicable- Reason* _____

Other relevant information pertaining to mental health and intellectual disability history and/or previous treatment recommendations:

Observations and Findings Based on Information Collected:

- Defendant is a person who has a mental illness.
- Defendant is a person who has an intellectual disability.
- There is clinical evidence to support the belief that the defendant may be incompetent to stand trial and should undergo a complete competency examination under Subchapter B, Chapter 46B, Code of Criminal Procedure.
- Any appropriate or recommended treatment or service:

None of the above.

Procedures Used to Gather Information:

SECTION IV: INFORMATION OF PROFESSIONAL SUBMITTING FORM

Name and Credentials of Person Submitting Form: _____ Date of Submission: _____

Upon completion of this form, its contents remain confidential as applicable to Health and Safety Code Chapter 614.017

Approved February 2018

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INSTRUCTIONAL GUIDELINES

This form is not to be confused or supplemented by the "Screening Form for Suicide and Medical/Mental/Developmental Impairments" as required by the Texas Commission on Jail Standards

Section I: DEFENDANT INFORMATION

- **Defendant Name** should be filled out by last name followed by first name.
 - **Offense** information should include arresting offense information.
 - **Date of Birth** and **last four digits of social security number** are to be obtained to assist in validating identity.
 - **CARE Identification #** – *If available*, this number should be complimentary to the CCQ match.
 - **SID or CID Number** – *If available*, this number should include the State Identification Number (SID) or the County Identification (CID) Number.
 - List the **Current County** or **Municipality** of the current incarceration.
 - **Date of Magistrate Order** should be the date the magistrate signed the order which initiates the timeframes for completing the collection of information (not later than 96 hours for a defendant in custody; not later than 30 days for a defendant not in custody).
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Section II: PREVIOUS HISTORY

- **Has the defendant been determined to have a mental illness or to be a person with an intellectual disability within the last year?**
 - **If Yes** – The Magistrate *is not required* to order the collection of information if the defendant *in the year proceeding* the defendant's applicable date of arrest has been determined to have a mental illness or to be a person with an intellectual disability by the local mental health authority, local intellectual and developmental disability authority, or another mental health or intellectual disability expert described.
 - **If No** – Further collection of information under this form will be necessary for applicable defendants.
 - **If Unknown** - Further collection of information under this form *may* be necessary for applicable defendants.
- **Previous Mental Health and/or Intellectual Disability Assessment Information and Date** - *If available*, collect information regarding whether the defendant has a mental illness as defined by Section 571.003, Health and Safety Code, or is a person with an intellectual disability as defined by Section 591.003, Health and Safety Code, including, if applicable, information obtained from any previous assessment of the defendant and information regarding any previously recommended treatment.

Note: Include source of information. Examples are self-report, CARE or CCQ match, or clinical records available from local mental health authority of local intellectual developmental disability authority.

Section III: CURRENT INFORMATION

- **Most Recent Diagnosis(es) and Date(s)** - *If available*, include information here.
- **Is the client acutely (at time of assessment or as indicated on the jail screening form for suicide and medical/mental/developmental impairments) decompensated, suicidal, or homicidal according to self-report?**
 - **If Yes** – select yes.
 - **If No** – select no.
 - **If Not Applicable** – Indicate the reason why here.

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Note: This information may be helpful to the magistrate or judge, as it will allow the magistrate or judge to know the severity of the defendant's mental health status for prioritization purposes.

➤ **Other relevant information pertaining to mental health history and/or previous treatment recommendations** – Note: Examples may include the following:

- Previous competency examination results or outcome of examination results;
- Parole, Probation or Pre-Trial Supervision status;
- Military history is applicable to treatment history;
- If this section is not applicable, indicate as such.

➤ **Observations and Findings Based on Information Collected**– Select option as appropriate.

Note: **Any appropriate or recommended treatment or service** – Include whether the defendant warrants a competency examination, outpatient services, etc. **Provide any recommendation for further assessment/evaluation by higher level clinical providers.**

➤ **Procedures Used to Gather Information** – Include informational sources used to collect information. Examples may include: Sources of information such as, self-report, CARE or CCQ match, previous psychological evaluations, assessments or clinical records available from local mental health authority of local intellectual developmental disability authority.

Section IV: INFORMATION OF PROFESSIONAL SUBMITTING FORM

- **Name and Credentials of Person Submitting Form** – Person completing the form along with his or her credentials, is to be listed here. Note: *This form is to be completed by the local mental health authority, local intellectual and developmental disability authority, or another qualified mental health or intellectual disability expert.*
- **Date of Submission** – Include the date the form is submitted to Magistrate.