

\_\_\_\_\_ County Jail

Inmate Mental Condition Report to Magistrate

NAME \_\_\_\_\_ OFFENSE \_\_\_\_\_

ARRESTING AGENCY: \_\_\_\_\_

BOOKING OFFICER \_\_\_\_\_ BOOKING TIME \_\_\_\_\_ DATE \_\_\_\_\_

The above inmates may have mental health issues based on:

- Observation of law enforcement officer at time of arrest
- CCQ return show possible match
- Self admission by inmate at booking
- Subject is violent and appears to be a danger to themselves or others
- Medical evaluation by Emergency Room or other Medical Professional
- Previous arrest/medical records of the jail
- Observation of Jail Staff
- No Indication/No Notification Made

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As required by law, this notification is made to the magistrate in reference to an observation or report of possible mental illness by the above listed means. It is required within 72 hours after receiving credible information of reasonable cause to believe that a defendant committed to the Sheriff's custody: 1) Has mental illness 2) Is a person with mental retardation or 3) the observations of the defendant's behavior immediately before, during and after the defendants arrest and the results of any previous assessment of the defendant for mental illness. (Art. 16.22 (a))

MAGISTRATE SIGNATURE: \_\_\_\_\_

MAGISTRATE NOTIFIED AT \_\_\_\_\_ ON \_\_\_\_\_ BY \_\_\_\_\_

(Fax-Email-Direct)

OFFICER SENDING NOTIFICATION: \_\_\_\_\_