**THE STATE OF TEXAS VS. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Service / Offense Report No.** | **Offense** | **City Jail** |
|  |  |  |

**ORDER FOR THE COLLECTION OF INFORMATION REGARDING**

**MENTAL ILLNESS OR INTELLECTUAL DISABILITY**

On this day, the Court having determined, pursuant to article 16.22 of the Texas Code of Criminal Procedure, that there is reasonable cause to believe the Defendant, \_\_\_\_\_\_\_\_\_\_\_\_\_, has a mental illness or is a person with an intellectual disability;

**IT IS HEREBY ORDERED** that (the local LMHA) interview the Defendant pursuant to article 16.22 (a-4) if the Defendant has not previously been interviewed by a qualified mental health or intellectual and developmental disability expert on or after the date the Defendant was arrested for the offense for which the Defendant is in custody and otherwise 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 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 or service; and

**IT IS FURTHER ORDERED** that a written report of the interview described by the foregoing paragraph and the other information collected regarding the Defendant shall be provided to the \_\_\_\_\_\_\_\_\_ County magistrate on the form approved by the Texas Correctional Office on Offenders with Medical or Mental Impairments under Section 614.0032(c), Health and Safety Code not later than 96 hours after the time an order was issued for a Defendant held in custody or not later than the 30th day after the date an order was issued for a Defendant released from custody. The written report must include a description of the procedures used in the interview and collection of other information and the applicable expert's observations and findings pertaining to:

(1) whether the Defendant is a person who has a mental illness or is a person with an intellectual disability;

(2) whether there is clinical evidence to support a belief that the Defendant may be incompetent to stand trial and should undergo a complete competency examination under Subchapter B, Chapter 46B, of the Texas Code of Criminal Procedure; and

(3) any appropriate or recommended treatment or service.

It is so ordered this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_202\_\_\_.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Magistrate [type name]**

**CERTIFICATION OF COMPLIANCE TO MAGISTRATE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [LMHA, LIDDA, or other qualified mental illness or intellectual disability expert], certify that a written report as required by Texas Code of Criminal Procedure article 16.22(b) has been submitted to the Magistrate in compliance with the above stated Order for Interview with Written Report on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LMHA, LIDDA, or other qualified mental illness or intellectual disability expert

*[Provider: Append this certification to your written report]*

**CERTIFICATION OF DELIVERY BY MAGISTRATE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Justice of the Peace, Precinct \_\_\_ / Magistrate, certify that a copy of the report has been forwarded to the following individuals as required by Article 16.22(b) and (b)(1), Code of Criminal Procedure, on the following date(s):

( ) County Attorney \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_

( ) District Attorney \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_

( ) Attorney for the Defendant \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_

( ) Trial Court \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_

( ) County Sheriff \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_

( ) Bond or PreTrial Supervision Office \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_

**SIGNED** this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Justice of the Peace / Magistrate*

*[Magistrate: Append this certification to the written report.]*