

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

*AUTHORITY: Texas Code of Criminal Procedure art. 16.22; Texas Health and Safety Code § 614.0032  
Approved by the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)*

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

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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?

*Yes*                                       *No*                                       *Unknown*

**Date of Previous Written Report of Collected Information (*if applicable*):** \_\_\_\_\_

**Previous Mental Health and/or Intellectual Disability 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 or service 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:**

\_\_\_\_\_

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**SECTION IV: INFORMATION OF PROFESSIONAL SUBMITTING FORM**

Name, Credentials & Organization of Person Submitting Form: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

*This form and the contents herein may only be shared in accordance with Texas Health and Safety Code § 614.017 and Texas Code of Criminal Procedure article 16.22(f). This form and its contents are otherwise confidential and not subject to disclosure under Chapter 552 of the Government Code.*

# COLLECTION OF INFORMATION FORM FOR MENTAL ILLNESS AND INTELLECTUAL DISABILITY

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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

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### 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 interview and collection of other 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 service provider that contracts with the jail to provide mental health or intellectual and developmental disability services, 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 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.
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### Section III: CURRENT INFORMATION

- **Most Recent Diagnosis(es) and Date(s)** - *If available*, include information here.
- **Is the client acutely (at time of written report of collected information 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.

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- **If Not Applicable** – Indicate the reason why here.

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 or service 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. *An interview to prepare the written report of collected information for the purposes of this document may be gathered in the following ways: in person in the jail, by telephone, or through a telemedicine medical service or telehealth service.*

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## Section IV: INFORMATION OF PROFESSIONAL SUBMITTING FORM

- **Name, Credentials and Organization 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 the Magistrate.

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Note: Texas Code of Criminal Procedure art. 16.22(f) provides that this written report is confidential and not subject to disclosure under Chapter 552, Government Code, but may be used or disclosed as provided by article 16.22.

Additionally, Texas Health and Safety Code section 614.017 requires the exchange of information relating to a special needs offender or juvenile with a mental impairment between agencies to serve the purposes of continuity of care and services *regardless whether other state law makes that information confidential*. The term “agency” includes but is not limited to: A person with an agency relationship or contract with one of the following entities or individuals: Texas Department of Criminal Justice; Texas Commission on Jail Standards; community supervision and corrections departments and local juvenile probation departments; personal bond pretrial release offices established under Article 17.42, Code of Criminal Procedure; local jails regulated by the Texas Commission on Jail Standards; a municipal or county health department; hospital district; judge of this state with jurisdiction over juvenile or criminal cases; an attorney who is appointed or retained to represent a special needs offender, and/or the Health and Human Services Commission.

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