

# Applicable Forms for Tex. CCP § 16.22 Process

**Police interaction / detention of defendant**

Consider if a warrantless apprehension for emergency detention under H&S Code 573.001 or Diversion under CCP 16.23 is appropriate

If not, & interaction becomes an arrest, Police take defendant to jail

Jailer completes Screening Form

Screening Form for Suicide and Medical/Mental Developmental Impairments

County: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Officer: \_\_\_\_\_ Name of Screening Officer: \_\_\_\_\_

Screening completed in last 90 days? Yes  No  If female, pregnant? Yes  No  Unknown

Currently taking any prescription medication? Yes  No  If yes, what? \_\_\_\_\_

Any discharge/illness (flu/illness, depression, etc.) in last 90 days? If yes, describe: \_\_\_\_\_

Does inmate appear to be under the influence of alcohol or drugs? Yes  No  If yes, describe: \_\_\_\_\_

Do you have a history of drug/alcohol abuse? If yes, state substance and when last used: \_\_\_\_\_

\*Do you think you will have withdrawal symptoms from stopping the use of medications or other substances (including drugs) while you are in jail? If yes, describe: \_\_\_\_\_

\*Have you ever had a traumatic brain injury, concussion, or loss of consciousness? Yes  No  If yes, describe: \_\_\_\_\_

\*If yes, Notify Medical or Supervisor Immediately

Place inmate on suicide watch if Yes to 1a-1d or at any time jailer/supervisor believe it is warranted. "1a-1d" = "Yes" Sample

**IF YES TO 1a, 1b, 1c, OR 1d BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY**

1a. Has the inmate exhibited any suicide ideation? If yes, state why, notify supervisor and place on suicide watch until forms completed.

1b. Are there any warning signs of suicide ideation? If yes, state why, notify supervisor and place on suicide watch until forms completed.

1c. Have you ever attempted suicide? If yes, when and how? \_\_\_\_\_

1d. Are you thinking of killing or harming yourself? If so, how? \_\_\_\_\_

1e. Are you thinking of killing or harming others? If so, when and how? \_\_\_\_\_

1f. Are you thinking of harming or hurting someone? If so, how? \_\_\_\_\_

1g. Do you have any suicidal thoughts or feelings related to PTSD or something similar from your past? \_\_\_\_\_

**IF YES TO 2-12 BELOW, NOTIFY SUPERVISOR AND MAGISTRATE, Notify Mental Health when warranted**

2. Do you hear any voices or voices other people don't seem to hear? \_\_\_\_\_

3. Do you currently believe that someone can control your mind or that other people can know your thoughts or read your mind? \_\_\_\_\_

4. Prior to arrest, did you feel down, depressed, or have little interest or pleasure in doing things? \_\_\_\_\_

5. Do you have nightmares, flashbacks or repeated thoughts or feelings related to PTSD or something similar from your past? \_\_\_\_\_

6. Are you worried someone might hurt or kill you? If female, ask if they fear someone close to them. \_\_\_\_\_

7. Are you extremely worried you will lose your job, position, spouse, significant other, custody of your children due to arrest? \_\_\_\_\_

8. Have you ever received services for emotional or mental health problems? \_\_\_\_\_

9. Have you been in a hospital for emotional/mental health in the last year? \_\_\_\_\_

10. If you are 18 or older, do you know your diagnosis? If yes, put "Does not know" in comments. \_\_\_\_\_

11. In school, were you ever told by teachers that you had difficulty learning? \_\_\_\_\_

12. Have you had repeated fits or convulsions in the last two weeks without trying to get help? \_\_\_\_\_

13. Do you have any current or past symptoms of depression, anxiety, or bipolar disorder? \_\_\_\_\_

14. Does inmate display any unusual behavior, or an out-of-control, extreme loss of attention, hearing or seeing things that are not there? \_\_\_\_\_

15. Is the inmate incoherent, disoriented or showing signs of mental illness? \_\_\_\_\_

16. Inmate has visible signs of recent self-harm cuts or ligature marks? \_\_\_\_\_

Additional Comments (Note CCP Match box): \_\_\_\_\_

Magistrate Notification: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Mental Health Notification: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Medical Notification: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Signature of Jailer: \_\_\_\_\_ Supervisor Signature, Date and Time: \_\_\_\_\_

If Jailer gets a "yes" answer or has any other credible information, then continue. 16.22(a)(1) & 15.17(a-1)

Jailer fills out Magistrate Notification Form or other acceptable form of notification 16.22(a)(1)

\*Sample Form Shown\*

County Jail

Inmate: Mental Condition Report to Magistrate

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

ARRESTING AGENCY: \_\_\_\_\_ BOOKING TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

BOOKING OFFICER: \_\_\_\_\_

The above inmate may have mental health issues based on:

Observation of jail administrator officer at time of arrest

COJ return health results

Self admission by inmate or booking

Subject in custody and appears to be a danger to themselves or others

Medical evaluation by Emergency Room or other Medical Professional

Previous medical records of the jail

Observation of jail staff

No Notification/No Notification Made

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

As required by law, this notification to the magistrate is subject to an observation or report of a qualified mental health professional. The above information is provided for the magistrate's information only and is not intended to be used as evidence in any court proceeding. The magistrate shall determine if there is reasonable cause to believe that the defendant has a mental illness or intellectual disability. If the magistrate determines there is reasonable cause to believe that the defendant has a mental illness or intellectual disability, the magistrate shall order a mental health provider to conduct an interview with the defendant. The magistrate shall also order a mental health provider to conduct an interview with the defendant. The magistrate shall also order a mental health provider to conduct an interview with the defendant.

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

MAGISTRATE NOTIFIED AT: \_\_\_\_\_ ON: \_\_\_\_\_ BY: \_\_\_\_\_ (See Section 16.22)

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

Within 12 hours, provides written or electronic notification to Magistrate

\*Sample notification form is shown, other notifications/forms are acceptable and include the Screening Form\*

Magistrate:

- Reviews notification
- Reviews charges/ criminal history
- Meets with Defendant
- Communicates with LMHA/LIDDA/MH Provider

If Magistrate determines there is reasonable cause to believe the Defendant has MI or is a person with IDD, then continue. 16.22(a)(1)

Note: The determination of reasonable cause to believe can be based on jailer notification or the Magistrate's own observations

Clerk documents number of 16.22 reports completed on Judicial Monthly Court Activity Report to OCA. 16.22(e) & Tex. Admin Code Ch. 171

ADDITIONAL COURT ACTIVITY	TOTAL
21. CASES IN WHICH JURY SELECTED	0
22. CASES IN WHICH MISTRIAL DECLARED	0
23. MOTION TO SUPPRESS HEARINGS HELD	1
24. MENTAL ILLNESS/INTELLECTUAL DISABILITY ASSESSMENTS	0
25. COMPETENCY EXAMINATION REPORTS	2
26. CASES SET FOR REVIEW	0
27. CASES IN WHICH ATTORNEY APPOINTED AS COUNSEL	25
28. CASES WITH RETAINED COUNSEL	10

OFFICE OF COURT ADMINISTRATION  
TEXAS JUDICIAL COUNCIL

OFFICIAL DISTRICT COURT MONTHLY REPORT

FOR THE MONTH OF: \_\_\_\_\_

COUNTY: \_\_\_\_\_

OFFICIAL: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

REPORTING OFFICER: \_\_\_\_\_

REPORTING OFFICER'S TITLE: \_\_\_\_\_

REPORTING OFFICER'S PHONE NUMBER: \_\_\_\_\_

REPORTING OFFICER'S EMAIL ADDRESS: \_\_\_\_\_

REPORTING OFFICER'S SIGNATURE: \_\_\_\_\_

REPORTING OFFICER'S DATE: \_\_\_\_\_

REPORTING OFFICER'S TIME: \_\_\_\_\_

LMHA / LIDDA / MH Provider returns 16.22 report (TCOOMMI form) to Magistrate

COLLECTION OF INFORMATION FORM FOR MENTAL ILLNESS AND INTELLECTUAL DISABILITY

Approved by the Texas Correctional Office in collaboration with Mental and Medical Impairments (TCOOMMI)

SECTION I: DEFENDANT INFORMATION

Defendant Name (Last, First): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Previous Mental Health and/or Intellectual Disability Information (if applicable): \_\_\_\_\_

SECTION III: CURRENT INFORMATION

Most Recent Diagnosis(es) and Date(s) (if applicable): \_\_\_\_\_

At time of the collection of information or as indicated on the jail screening form for suicide and medical/developmental impairments, is the defendant acutely disoriented, suicidal, or homicidal according to self-report? Yes  No  Not Applicable-Reason: \_\_\_\_\_

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

Observation 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.

Provider's Used to Gather Information: \_\_\_\_\_

SECTION IV: INFORMATION OF PROFESSIONAL SUBMITTING FORM

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

This form and its contents herein may only be shared in accordance with Texas Health and Safety Code § 61A.017 and Texas Code of Criminal Procedure article 16.22b. This form and its contents herein are confidential and are not subject to disclosure under Chapter 552 of the Government Code.

Within: 96 hours if defendant in custody; 30 days if Defendant out of custody 16.22(b)(1),(2)

Magistrate conducts 15.17 hearing (magistration)

- Consider if CCP 17.032 is applicable
- Set terms & conditions of bond

Magistrate shall\* order MH Provider to conduct 16.22 interview. 16.22(a)(1)

\*not required if defendant had 16.22 interview & report done within year prior to arrest date, and a court elects to use that report 16.22(a)(2)

THE STATE OF TEXAS CAUSE NO. \_\_\_\_\_

VS. \_\_\_\_\_

MAGISTRATE FOR \_\_\_\_\_ COUNTY, TEXAS

ORDER FOR TEXAS C.C.P. ARTICLE 16.22 INTERVIEW WITH WRITTEN REPORT

To: \_\_\_\_\_ [LMHA, LIDDA, or other qualified mental illness or intellectual disability expert]

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the magistrate has determined that there is reasonable cause to believe that \_\_\_\_\_ (defendant), date of birth \_\_\_\_\_, has a mental illness or is a person with an intellectual disability.

The defendant is incarcerated at the \_\_\_\_\_ Jail, Texas, and is charged with \_\_\_\_\_.

IT IS THEREFORE ORDERED that, pursuant to Texas Code of Criminal Procedure article 16.22(a)(1), \_\_\_\_\_ [LMHA, LIDDA, or other qualified mental illness or intellectual disability expert] (1) collect information regarding whether the defendant has a mental illness as defined by Texas Health and Safety Code section 571.003 or is a person with an intellectual disability as defined by Texas Health and Safety Code section 591.003 and (2) provide the magistrate a written report of the information collected.

The written report must be completed on the form approved by the Texas Correctional Office of Offenders with Medical or Mental Impairments under Texas Health and Safety Code section 61A.003(b). It must include, if applicable, information obtained from any previous report of the defendant and information regarding any previously recommended treatment.

IT IS FURTHER ORDERED that, unless good cause is shown, the written report must be submitted to the magistrate:

\_\_\_\_\_ within 96 hours (initial if the defendant is in custody), or

\_\_\_\_\_ within 30 days (initial if the defendant is not in custody).

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Magistrate

cc: Attorney for the State  
Attorney for Defendant (if known or appointed)  
Trial court (if case filed)

LMHA/LIDDA/MH Provider Interviews defendant and makes report

\*Sample Order Shown\*

Magistrate must give notice of 16.22 report to all stakeholders 16.22(b-1)

- Stakeholders include:
- District/County Judge
  - District/County Attorney's
  - Defense Attorney office
- It is recommended to also include:
- District/County Clerk

