

**MENTAL ILLNESS ASSESSMENT
MAGISTRATE WRITTEN NOTIFICATION FORM**

<i>AUTHORITY: 85TH LEGISLATIVE SESSION, SENATE BILL 1326</i>	
Client Name:	
SID Number:	
Care Identification #:	
DOB:	
Last Four Digits of SSN:	
Previous Assessment (ANSA) or (CANS): LIDDA assessment: *To include but not limited to crisis assessment	
Previously recommended treatment:	
Most recent diagnosis(es):	(Date)
Is the client acutely (at time of assessment) decompensated, suicidal, or homicidal according to self-report?	Yes / No If yes, explain:
Other relevant information pertaining to Mental Health History:	
Current County or Municipality of Incarceration:	
Name of Person Submitting Form:	
Date of Submission:	
<i>MAGISTRATE IS NOT REQUIRED TO ORDER THE COLLECTION OF INFORMATION IF THE DEFENDANT IN THE YEAR PRECEDING THE DATE OF APPLICABLE ARREST HAS BEEN DETERMINED TO HAVE A MENTAL ILLNESS OR INTELLECTUAL DISABILITY BY THE LOCAL MENTAL HEALTH AUTHORITY, LOCAL INTELLECTUAL DEVELOPMENTAL DISABILITY AUTHORITY, OR ANOTHER MENTAL HEALTH OR INTELLECTUAL DISABILITY EXPERT.</i>	

Updated 9/1/17

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