

# Outpatient Juvenile Data Report

Facility: \_\_\_\_\_

Facility Code: \_\_\_\_\_

Medical Record # (if applicable)

Service Recipient's Last Name

(PLEASE PRINT)

First Name

MI

Soc. Sec. #    -   -

Date of Birth:   /   /    
mm / dd / yr

Age:

Race: 1=White/Caucasian 2=African American 3=American Indian 7=Hispanic/Latin American  
4=Alaskan Native 5=Asian 6=Other \_\_\_\_\_ Interpreter Required? Yes  No

Marital Status 1 = Single 2 = Other Sex: Male  Female  Education: \_\_\_\_\_ Highest Grade Completed

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Court: 1=Juvenile 2 = Other \_\_\_\_\_  Juvenile Location: 1 = Detention 2 = Community  
3 = Parent/Relative 4 = Other

Nature of proceedings  Crime: 1=Capital 2=Violent Felony 3=Violent Felony: Sex Offense  
4=Non-violent Felony

Specific Charge(s): \_\_\_\_\_ Date of Charge(s): \_\_\_\_\_

Juvenile Court Judge/Referee \_\_\_\_\_ County: \_\_\_\_\_

Request(s) A= Competency Only B= Mental Condition Only C= Both Competency and Mental Condition  
D= Evaluation (Diagnosis, treatment, service recommendations, committability, psychological, A&D, MR) E= Psychosexual

Type of Facility: 1= Screening 2= Comprehensive

/   /   Date Court Order Received   /   /   Date of Evaluation  
mm / dd / yr mm / dd / yr

/   /   Date Letter Sent to the Court   Number of Days to Complete Evaluation  
mm / dd / yr

Name(s) of Evaluator(s) 1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

The reason, if applicable, the evaluation took longer than 30 working days to complete (from the date the court order was received to the date the letter was mailed to the court). \_\_\_\_\_

Previous Evaluation: Yes  No  If yes, date of previous evaluation   /   /    
mm / dd / yr

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### RECOMMENDATIONS

Competent:  1=Yes, no follow-up 3=No 5=N/A  
2=Yes, mental health follow-up 4=N/A charges dropped 6=Deferred, referred for further evaluation

Insanity Defense Supported: Yes  No  N/A  Deferred, referred for further evaluation:

Committable: Yes  No  N/A  Pre-admit Contact: Yes  No

Referred To: RMHI/Inpatient Facility  MR Facility  No