

**LOUDOUN COUNTY MENTAL HEALTH CENTER
FORENSIC AND COURT SERVICES PROGRAM
INFORMATION REFERRAL FORM**

CASE NO.: _____ CHARGE: _____

NAME: _____ DOB: _____

Custodial Parent(s): _____ Phone: _____

Address: _____

Present location of client: Home Detention Youth Shelter Other _____

ON THIS DATE _____ LCMH IS ORDERED TO:

- 1. Provide a diagnosis of the child according to DSM-IV.
- 2. Evaluate for dangerousness to self (suicidality).
- 3. Conduct a Risk Assessment.
- 3. Evaluate for intellectual functioning.
- 4. Evaluate the child and/or child and family for suitability for out-patient counseling.
- 5. Conduct a substance abuse evaluation for the child and/or family.
- 6. Conduct a spousal violence evaluation on the respondent and/or petitioner.
- 7. Provide treatment as you deem appropriate.
- 8. Evaluate the child's current need for medication.
- 9. Conduct a competency to stand trial evaluation (reference code section 16.1-356).
- 10. Conduct a mental status at the time of the offense evaluation (reference code section 19.2-169.5)
- 11. OTHER: _____

PROVIDE TO THE COURT WITH RECOMMENDATIONS FOR:

- A. Placement
- B. Treatment
- C. Further Evaluation
- D. Other: _____

- NO REPORT RETURNABLE TO THE COURT.
- Verbal report due to the court by: _____
- Abbreviated Report due to the court by: _____
- FULL COMPREHENSIVE REPORT DUE TO THE COURT BY: _____

PREPARED BY: _____

Judge/Clerk

Faxed by: _____ on _____

Attorney: _____

Signature

Print Name

Signature

Print Name

Guardian *ad litem*: _____

Signature

Print Name

Probation Officer: _____

Signature

Print Name