

**MENTAL HEALTH/ SUBSTANCE ABUSE COUNTY COURT COMMITMENTS
SCREENING FORM**

DATE: _____ TIME: _____ COUNTY: _____

SCREENED BY: _____

RESPONDENT'S NAME: _____

For (please circle) **MENTAL HEALTH** and/or **SUBSTANCE ABUSE** Commitment

RESPONDENT'S Date of Birth: _____ Social Security #: _____

Current Address: _____ Phone: _____

Co. of Residence: _____ Co. of Legal Settlement (COLS): _____

COLS CPC Notified? Y N Comments: _____

Person Applying for
Commitment _____

Relationship: _____

Address: _____ Phone: _____

Person Supplying
Supporting Affidavit _____

Relationship: _____

Address: _____ Phone: _____

Application and Affidavit support the need for commitment: Y N

If no, Why? _____

Please check all that apply:

The application/affidavit reports the respondent to be a :

_____ a danger to self ? Emergent? Y N Immediate Custody Requested ? Y N

Authorized by Judge? Y N Respondent's current location? _____

Comments: _____

_____ a danger to others? Emergent? Y N Immediate Custody Requested ? Y N

Authorized by Judge ? Y N Respondent's current location? _____

Comments: _____

Current Medications: _____

Prescribed by whom? _____ When: _____

Past Mental Health Services/Substance Abuse Services History? Y N

Most Recent? _____ Practitioner: _____

Disposition:

Immediate custody ordered by Judge _____ Y N

Transported to: _____

For evaluation scheduled with: _____

Date: _____ Time: _____ Place: _____

**Admit Approved by PHYSICIAN/ PSYCHIATRIST? Y N Admit Approved by HOSPITAL? Y N

Funding Available/ Secured? (please circle all that apply)

MEDICARE # _____ MEDICAID (TXIX) # _____

PRIVATE INSURANCE- Company _____ Policy # _____

Insured's Name? _____ Relationship to client: _____

SELF PAY- COUNTY- _____ Authorized? Y N Other: _____

Outpatient court-ordered evaluation recommended? Y N

Scheduled: Date: _____ Time: _____ Place: _____

Comments: _____

Hearing date: _____ Time: _____

Place: _____ with Judge _____