

INSTRUCTIONS FOR THE FORENSIC CHECKLIST

SUBMISSION

Evaluation Types -- The checklist is designed to permit collection of data on all court-ordered forensic evaluations conducted in the Commonwealth of Virginia. As of July 1, 1996 the FEIS was expanded to include court-ordered evaluations conducted on juveniles who have been transferred to criminal court.

CSB/Private Evaluators -- One form should be completed for each case evaluated, regardless of the number of forensic evaluators involved. Forms completed by CSB or private evaluators should be sent along with reimbursement forms to:

Robert N. Baldwin, Executive Secretary
Supreme Court of Virginia
100 North 9th Street, 3rd Floor
Richmond, Virginia 23219

State Facility Evaluators -- State facility personnel should send forms directly to the Forensic Coordinator of each facility. For a list of the forensic coordinators at each of the state psychiatric facilities, please check the Forensic Expert Directory distributed yearly by the Department of Mental Health, Mental Retardation and Substance Abuse Services or call the Institute of Law, Psychiatry and Public Policy at 804-924-5435.

COMPLETION

Section I -- Requests information about the clinic/facility performing the assessment, the evaluator(s) involved, and the amount of time required to complete the evaluation. Most items in this section are self-explanatory; however, the following items may require some clarification:

Primary Evaluator: Fill in the name of the staff member who had primary clinical responsibility for this case (i.e., the clinician who signed the report).

Number of Evaluators: In some cases, evaluations are performed by an individual clinician; in others, several members of a clinic's forensic team conduct the evaluation. Complete this item indicating the number of clinicians involved in collecting information, conducting interviews, and/or writing reports for this case.

Total Hours of Evaluators' Time: Indicate the total number of hours of all clinicians' time, to the nearest 1/4 hour, required to complete the evaluation.

Section II -- Requests information concerning the defendant being evaluated:

Diagnosis: Diagnosis should be completed with reference to the defendant evaluated. Indicate the defendant's probable DSM-IV diagnosis only if a diagnosis was formulated during the evaluation. In describing this diagnosis, include the Axis I and/or Axis II DSM-IV code numbers, if available, or the specific diagnostic category (e.g., -295.32 - schizophrenia, paranoid [chronic]).

Jurisdiction in which offense(s) charged: Jurisdiction refers to the county or city in which the crime occurred.

Offenses: For offenses, indicate the type of offense and the offense number as summarized on the back of this page. Prior criminal convictions includes felonies and misdemeanors, but not traffic offenses.

Section III -- Requests information about the type of evaluation performed and the clinical observations or conclusions of the evaluator(s).

Conclusions: Please check the one box for each question that most appropriately describes your agency's overall observations of the defendant for CST (Competency to Stand Trial) and MSO (Mental State at the Time of the Offense) evaluations. We recognize that some clinical reports may not contain the specific terminology described in this section and that others may include more subtle distinctions of a defendant's behavior than are reflected in this checklist. However, for research purposes, we ask that whenever possible, you check the appropriate box in this section (e.g., capacity significantly impaired; capacity not significantly impaired.)

Symptoms: Symptoms should be acknowledged only when they provide the basis for the conclusion that the defendant was significantly impaired with respect to the applicable prong.

PLEASE COPY IF YOU WISH TO RETAIN A DUPLICATE FOR YOUR FILES.

VIOLENT

- 00= Capital Murder
- 01= Murder, Deliberate Homicide
- 02= Manslaughter
- 03= Attempted Murder, Attempted Manslaughter
- 04= Aggravated Assault
- 06= Assault and Battery/Other Assault
- 09= Other or Unspecified Violent Crimes*

POTENTIALLY VIOLENT

- 21= Robbery
- 22= Kidnapping
- 23= Arson
- 29= Other or Unspecified Potentially Violent*

OTHER CRIMES AGAINST PERSON

- 30= Criminally Negligent Homicide, Vehicular Homicide
- 31= Families and Children (contributing to the delinquency of a minor)
- 32= Hit and Run
- 33= Coercion
- 34= Unlawful Imprisonment, Unlawful Restraint
- 35= Harassment, Verbal Assault (e.g., Simple Assault, Terroristic Threat, Intimidation)
- 36= Criminal Possession of Weapon
- 37= Menacing
- 38= Reckless Endangerment
- 39= Other or Unspecified Crime Against Person* (Conspiracy, Mutiny in a penal institution) (Accessory to violent crime)

SEX

- 40= Forcible Rape
- 41= Forcible Sodomy
- 42= Statutory Rape (Consensual), Misdemeanor Rape
- 43= Consensual Sodomy
- 44= Sexual Abuse, Sexual Assault
- 45= Sexual Misconduct
- 46= Incest
- 47= Lewd and Lascivious Conduct
- 49= Other or Unspecified Sex Crime

PROPERTY

- 50= Burglary, Breaking and Entering
- 51= Criminal Mischief, Tampering
- 52= Criminal Trespassing, Unlawful Entry
- 53= Larceny (Grand and Petit)
- 54= Auto Theft
- 55= Theft, Shoplifting, Pickpocketing (except auto theft)
- 56= Possession of Stolen Property, Criminal Receiving
- 57= Forgery and Counterfeiting
- 58= Fraud (Deceptive Practices), Falsifying Records, Embezzlement
- 59= Forged Check, Bad Check, Theft of Service
- 60= Bribery
- 61= Conspiracy
- 69= Other or Unspecified Property Crime (e.g., Possession of a Forged Instrument)

DRUG

- 70 = Drug, Selling Dangerous
- 71 = Drug, Possession Dangerous
- 79 = Other or Unspecified Drug Crime (possession of a forged drug document, illegal RX)

MINOR

- 80= Parole Violation
- 81= Probation Violation
- 82= DWI, DUI
- 83= Public Intoxication, Drunkenness
- 84= Court Related Offenses (warrants, failure to appear, escape, bail jumping)
- 85= Gambling
- 86= Criminal Nuisance
- 87= Disorderly conduct, Breach of Peace, Resisting Arrest
- 88= Loitering, Vagrancy
- 89= Indecent Exposure, Obscenity, Public Lewdness
- 90= Traffic Infractions
- 91= Prostitution, Pandering
- 97= Other or Unspecified Minor Offense
- 98 = No Crime
- 99 = No Information

FORENSIC CHECKLIST

Type of Evaluation: Inpatient Outpatient

SECTION 1

Agency _____ Highest Degree of Primary Evaluator _____

Primary Evaluator _____ No. of Evaluators Involved: 1 2 3 4

Discipline: psychiatrist psychologist social worker counselor
 other (specify) _____

No. of Interviews: _____ Total hours of time spent: _____ Defendant interview(s) _____ Report writing _____
Information collection _____ Testing _____

SECTION 2

Name of Defendant _____ Date of Birth _____

Social Security No. _____ Race _____ Gender _____

Name and address of attorney requesting evaluation _____

Discipline: defense prosecution neither (court without request by attorney) Date of evaluation order _____

Date of report _____ DSM-IV diagnosis: Yes No If yes, specify _____

Jurisdiction in which offense(s) charged _____

Date of offense/Offense charged (see classifications on back of instructions page):

Date	Type	Number

Please indicate below whether the following information was received, either orally or in writing:

- | | | | |
|---|--|--|--|
| a. Copy of warrant/indictment | <input type="checkbox"/> Yes <input type="checkbox"/> No | b. Information about alleged offenses) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Reasons for evaluation request | <input type="checkbox"/> Yes <input type="checkbox"/> No | d. Psychiatric/medical records | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Statements made by defendant to police | <input type="checkbox"/> Yes <input type="checkbox"/> No | f. Witnesses' statements | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Defendant's criminal record | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Were any of the following tests used?

a. psychological: Yes No Specify _____

b. neuropsychological: Yes No Specify _____

c. neurological: Yes No Specify _____

Prior Criminal Convictions: Yes No Prior Psychiatric Hospitalization: Yes No

Was defendant prescribed psychotropic medication at time of offense?: Yes No

Type _____

Was defendant taking this prescribed medication at time of offense?: Yes No

Was defendant under the influence of alcohol or other non-prescribed substances at time of offense?: Yes No

Type _____

SECTION 3

A. Type of Evaluation (please check as appropriate):

Both CST and Sanity

Competency to Stand Trial (CST): before initial CST determination
 to determine restoration of incompetent defendant

Pre-sentence Evaluation: 19.2-301 "Sex offender" evaluation
 19.2-264.3:1 Capital sentencing evaluation

Sanity at the Time of the Offense (MSO)

Other

(specify) _____

B. Opinion Regarding CST (please check as appropriate): Competent Incompetent No opinion

1. Capacity to understand legal proceedings: significantly impaired not significantly impaired No opinion

2. Ability to assist in defense: significantly impaired not significantly impaired No opinion

3. Restorability (if significant impairment identified): probable uncertain unlikely

C. Opinion Regarding Sanity (please check as appropriate): Sane Insane No opinion

1. Mental disease or defect?: Yes No No opinion

2. Understanding of "Nature/Character/Consequences of Act": significantly impaired
 not significantly impaired no opinion

3. Ability to "Distinguish right from wrong": significantly impaired not significantly impaired no opinion

4. Ability to "Resist Impulse": significantly impaired not significantly impaired no opinion

If ability significantly impaired, primary symptom underlying impairment: Hallucinations: Yes No

Delusions: Yes No Thought disorder: Yes No Other: Yes No

Please specify : _____

