

INSTRUCTIONS FOR THE JUVENILE FORENSIC INFORMATION FORM

SUBMISSION

Evaluation Types - The checklist is designed to permit collection of data on **all** court-ordered forensic evaluations conducted in the Commonwealth of Virginia on juveniles who are being adjudicated in Juvenile 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 804-924-5436.

COMPLETION

Section I - Requests information about the agency/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 juvenile evaluated. Indicate juvenile'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., - 317 - Mild Mental Retardation).

Jurisdiction in which offense(s) charged: Jurisdiction refers to the county or city in which the delinquent act 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). 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
- 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

JUVENILE FORENSIC CHECKLIST

Location of Evaluation: Community Detention Inpatient/DMHMRSAS Inpatient/Private Other

SECTION I

Agency Name _____ Highest Degree of Primary Evaluator _____

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

Primary Evaluator Affiliation CSB Contract/Private
 DMHMRSAS Facility DJJ Facility Other _____

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

No. of Interviews: _____ Total hours of time spent: _____ Defendant interview(s) _____.__ Report writing _____.__
 Record review _____.__ Testing _____.__
 Collateral Interviews _____.__ Total _____.__

SECTION 2

Name of Juvenile _____ Date of Birth _____

Social Security No. _____ Race _____ Gender _____

Name and Address of Attorney Requesting Evaluation _____

Evaluation Requested by:

Defense Prosecution Neither (court without request by attorney) Date of Evaluation Order ___/___/___

Date Information Received _____ Date of Report _____

Jurisdiction of the Court _____

Date of Offense(s)/Offense(s) 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 offense(s) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Reasons for evaluation request <input type="checkbox"/> Yes <input type="checkbox"/> No | d. Juvenile's statements at intake <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Statements made by juvenile to police <input type="checkbox"/> Yes <input type="checkbox"/> No | f. Psychiatric/medical records <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Juvenile's criminal record <input type="checkbox"/> Yes <input type="checkbox"/> No | h. Witnesses' statements <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. School records <input type="checkbox"/> Yes <input type="checkbox"/> No | j. Parental/guardian information <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION 3

Were any of the following tests used?

- a) Intelligence Yes No If yes, please specify tests used _____
Verbal _____ Performance _____ FSIQ _____
- b) Functional Yes No If yes, please specify tests used _____
 ABC ABC-School AAA
- c) Neuropsychological: Yes No If yes, please specify tests used _____
- d) Neurological: Yes No If yes, please specify tests used _____

History? Prior Delinquency Findings Yes No Prior Psychiatric Hospitalization Yes No

Diagnosis? Was a diagnosis made Yes No
by the primary forensic evaluator?

If yes, please list all relevant diagnoses and indicate if made based on clinical evaluation (c), by history (h), or both (c & h):

Diagnosis _____ Basis: (c, h, or c & h)

If any competence instruments were used to assess competence, please indicate below:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Symptoms? Mental status features observed by the forensic evaluator: (mark box)

List symptoms that contributed to a finding of incompetence (if one opined by evaluator):

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> angry or irritable mood | <input type="checkbox"/> hyperactivity | |
| <input type="checkbox"/> avoidant relatedness | <input type="checkbox"/> impulsiveness | <input type="checkbox"/> _____ |
| <input type="checkbox"/> intellectual limitations | <input type="checkbox"/> intrusive memories | |
| <input type="checkbox"/> confused or disorganized speech | <input type="checkbox"/> language delay or impairment | <input type="checkbox"/> _____ |
| <input type="checkbox"/> delusions | <input type="checkbox"/> memory loss | <input type="checkbox"/> _____ |
| <input type="checkbox"/> depressed mood | <input type="checkbox"/> obsessions/compulsions | |
| <input type="checkbox"/> developmental immaturity | <input type="checkbox"/> suicidal ideation | <input type="checkbox"/> _____ |
| <input type="checkbox"/> distractibility/attentional deficits | <input type="checkbox"/> suspiciousness | |
| <input type="checkbox"/> hallucinations | <input type="checkbox"/> unstable affect | |
| | <input type="checkbox"/> violent ideation | |

SECTION 4

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

- Competency to Stand Trial (CST): before initial CST determination
 to determine status of ICSTdelinquent/90days
 to determine restoration of incompetent defendant
- 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
4. Restoration setting: Non-secure Secure