



Organization Name:	Program Name:	Date:
Individual's Name (First MI Last):	Record #:	DOB:

LEGAL INVOLVEMENT AND HISTORY ADDENDUM
(Check all that apply)

Type of Legal Involvement	Reason for Involvement/Charges	Status/Outcome	Comment (Term, if known; Contact Person and Number)
<input type="checkbox"/> Criminal Court <input type="checkbox"/> Family Court <input type="checkbox"/> Civil Court <input type="checkbox"/> Treatment or Specialty Court: <input type="checkbox"/> Other:		OASAS & OMH <input type="checkbox"/> Charges Pending <input type="checkbox"/> Any Treatment or Specialty Court- (OMH check here too if Alternative to Incarceration, Court Diversion) <input type="checkbox"/> In OCFS Facility <input type="checkbox"/> In Prison/Jail <input type="checkbox"/> NYS DOC Prisoner <input type="checkbox"/> County/City Jail, Court Detention or Police Lockup <input type="checkbox"/> Parole <input type="checkbox"/> Adults-(OMH Only) <input type="checkbox"/> Probation <input type="checkbox"/> Adults-(OMH Only) <input type="checkbox"/> Work Release <input type="checkbox"/> Other: Additional for OMH <input type="checkbox"/> CPL 330.20 <input type="checkbox"/> Article 10 SOMTA <input type="checkbox"/> PINS <input type="checkbox"/> Adjudicated Juvenile Delinquent or Offender <input type="checkbox"/> Unknown	
<input type="checkbox"/> Assisted Outpatient Treatment (AOT)		<input type="checkbox"/> Past <input type="checkbox"/> Current If current: <input type="checkbox"/> Formal <input type="checkbox"/> Voluntary Agreement	Effective Date: Lapse Date:
<input type="checkbox"/> Child Protective Services (CPS)		<input type="checkbox"/> Past <input type="checkbox"/> Current If current: <input type="checkbox"/> Investigation <input type="checkbox"/> Founded	



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Additional Involvement/Further Comments:			
Is a Child Protective Services Mandated Report required at this time?: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:			
LEGAL STATUS ASSESSMENT			
Describe how legal status will influence treatment, or not (i.e. urgency of legal situation, relationship between presenting conditions, and legal involvement):			
OASAS Only	OASAS Only		
	Is this admission a result of an alternative to incarceration? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	No. of Arrests in Prior 30 Days:		
	No. of Arrests in Prior 6 Months:		
No. of Days Incarcerated in Prior 6 Months:			
Completed By - Print Staff Name/Credentials:		Staff Signature:	Date:
Clinical Supervisor/ Professional Staff/ QHP/Team Leader - Print Name/Credentials (if needed):		Signature (if needed):	Date: