

<b>Organization Name:</b>		<b>Program Name:</b>	<b>Date:</b>
<b>Individual's Name (First MI Last):</b>		<b>Record #:</b>	<b>DOB:</b>
<b>LEGAL INVOLVEMENT AND HISTORY ADDENDUM</b> (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:		<b>OASAS &amp; OMH</b> <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:  <b>Additional for OMH</b> <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"/> Formal Voluntary Agreement		<input type="checkbox"/> Past <input type="checkbox"/> Current	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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<b>Additional Involvement/Further Comments:</b>			
<b>Is a Child Protective Services Mandated Report required at this time?:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, specify:			
<b>LEGAL STATUS ASSESSMENT</b>			
<b>Describe how legal status will influence treatment, or not</b> (i.e. urgency of legal situation, relationship between presenting conditions, and legal involvement):			
<b>OASAS Only</b>	<b>OASAS Only</b>		
	<b>Is this admission a result of an alternative to incarceration?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>No. of Arrests in Prior 30 Days:</b>		
	<b>No. of Arrests in Prior 6 Months:</b> <b>No. of Days Incarcerated in Prior 6 Months:</b>		
<b>Completed By - Print Staff Name/Credentials:</b>		<b>Staff Signature:</b>	<b>Date:</b>
<b>Clinical Supervisor/ Professional Staff/ QHP/Team Leader - Print Name/Credentials (if needed):</b>		<b>Signature (if needed):</b>	<b>Date:</b>