**Magistrate’s Order for Mental ILLNESS/INTELLECTUAL DISABILITY ASSESSMENT (Art. 16.22, C.C.P.)**

**NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STATE OF TEXAS § MAGISTRATE FOR**

**VS. §**

**§ COUNTY, TEXAS**

**Respondent**

**ORDER**

**The Court, on this day having heard the evidence and arguments, finds** that the Respondent

, is a person currently committed to the custody of the (Sheriff of

County, Texas) (municipal jailer of the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_). The Court further finds that:

* There is no reasonable cause to believe that the Respondent has a mental illness or is a person with an intellectual disability and no examination will be ordered by this Court.
* There is reasonable cause to believe that the Respondent has a mental illness.
* There is reasonable cause to believe that the Respondent is a person with an intellectual disability.

**It is therefore** **Ordered** that no later than: (a) 30 days from this date if the Respondent is released from custody or (b) 96 hours from this date if the Respondent is held in custody, the local mental health authority, local intellectual and developmental disability authority, or another mental health or intellectual disability expert shall: (A) collect information regarding whether the defendant has a mental illness as defined by Section 571.003, Health and Safety Code, or is a person with an intellectual disability as defined by Section 591.003, Health and Safety Code, including information obtained from any previous assessment of the Respondent and information regarding any previously recommended treatment; and (B) provide to the undersigned magistrate a written assessment of the information collected under paragraph (A) on the form approved by the Texas Correctional Office on Offenders with Medical or Mental Impairments under Section 614.0032(b), Health and Safety Code, **unless** in the year preceding the Respondent’s applicable date of arrest, the Respondent has been determined to have a mental illness or to be a person with an intellectual disability by the local mental health authority, local intellectual and developmental disability authority, or another mental health or intellectual disability expert.

**Signed and entered** this day of , 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Magistrate

City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County, Texas

**Editor’s Note:** See the Mental Illness Assessment Notification form in this chapter, which is the form approved by the Texas Correctional Office on Offenders with Medical or Mental Impairments. Under Article 16.22(b), the magistrate may permit a longer period of time for providing the written assessment if good cause is shown.