

All names, dates and other identifying information have been altered to protect confidentiality.

Cook County Juvenile Court Clinic
REQUEST FOR CLINICAL INFORMATION--JUVENILE JUSTICE
Side 1 of 2

Complete both sides of this form and attach the form to a signed court order.

Date of request: July xx, 2008 Judge: Brown Calendar: xx

Person requesting clinical coordination: Public Defender Phone: 1234

Clinical Coordinator completing this form: S. Doe Phone: 5678

Case Information

Minor: Smith, John DOB: 7/xx/96 Current Petition No. 08 xxxx

Next court date: 8/xx/08 Date clinical information is needed: 8/xx/08

Minor's Custodial Status: (Check what applies.)

In the Juvenile Detention Center Release date (if known) _____ Release Upon Request Yes No
If yes, to whom and where? _____

In the community. Address in the community: 123 Main St. Phone # 555-1234

With Ms./Mrs./Mr. Margaret Murphy, the Parent Guardian Other

Does the minor have a Probation Officer or Intensive Probation Services (IPS) Officer? No Yes

If yes, when did the current probation period begin? _____

Please list the Probation Officer(s) or IPS Officer(s) who is involved with this case

Phone # _____

Phone # _____

If not minor, person(s) who is the subject of this request: _____

Relationship to minor: _____ DOB: _____

Person's address and phone number _____

Is English the preferred language of minor/father/mother/guardian? If no, specify Yes

Department of Child and Family Services Involvement

Is the minor a DCFS Ward or currently DCFS involved? No Yes. **If no, skip this section. If yes, make sure DCFS attorney is present.** If attorney does not respond to a page within 45 minutes, page Jennifer Cleveland (312) 272-3050.

DCFS Attorney: _____ Phone#/pager# _____

Caseworker's Name: _____ Agency _____ Phone# _____

Caseworker's Supervisor: _____ Phone # _____

Did the caseworker complete the DCFS *Referral Form for Psychological Evaluation* in relation to this request for information?

No Please explain why not _____

Yes Please attach a copy of the completed form and the response from DCFS or agency reviewer.

Current Petition

Please list the petition number(s) and describe the offense(s). If there has been a finding of VOP, also describe the violation.

Burglary

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Side 2 of 2

Clinical Information Request

Specify the pending legal decision(s), if any, for which clinical information is sought.

- X Fitness (705 ILCS 405/5-601; 725 ILCS 5/104-10 et seq.)
Competence to Waive Miranda Rights
Presumptive or Discretionary Transfer of Jurisdiction (705 ILCS 405/5-805 (2) or (3))
Guilty but Mentally Ill (705 ILCS 405/5-605)
Not Guilty by Reason of Insanity (705 ILCS 405/5-605)
Sentencing (705 ILCS 405/5-710)
Modification of Sentence due to Finding of Violation or Revocation of Probation (705 ILCS 405/5-720).

Specify options being considered for sentencing or modification of sentence.

- Assessment of necessity for hospitalization (405 ILCS 5/3-503)
None/Other:

Why is the information being requested at this time? (e.g., what events, problems, changes or new circumstances give rise to this request for clinical information now?)

PD reported that minor was released from Hospital A 2 weeks ago and is prescribed Risperdal, Concerta, and Tegretal. Based on his psychiatric history and his young age (12) APD feels the minor may be unfit to stand trial. Additionally, minor is a special education student.

Given the pending legal decision and why the information is being requested at this time, what specific clinical questions would you like addressed? (i.e. what clinical information do you want to know?)

- 1.) In your clinical opinion, what conditions or impairments if any, does Michael have that are sufficient to render him unfit?
2.) If such conditions or impairments exist, describe the impact on his ability to understand the nature and the purpose of the proceeding, assist in his defense, or both.
3.a) If the court determines John is unfit, in your clinical opinion, should he receive services on an inpatient or outpatient basis?
3b.) If the court determines John is unfit, what is the likelihood that he will be restored to fitness within one year?

Legal Counsel

State's Attorney
Minor's Attorney
Minor's Attorney's Address:
Phone
Phone