

## Mental Health Due Process Committee Involuntary Medication Review

### **Offender Information:**

Offender Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Referring Facility: \_\_\_\_\_

**Offender Advocate** (Name/Title): \_\_\_\_\_

### **Offender Attorney**

(Name – if present): \_\_\_\_\_

**State's Advocate** (Name/Title): \_\_\_\_\_

### **Witnesses (presenter(s) questioned):**

(Name/Title): \_\_\_\_\_

(Name/Title): \_\_\_\_\_

### **Committee Members:**

#### **1)Hearing Officer:**

\_\_\_\_\_/\_\_\_\_\_  
Signature/Title Date/Time

#### **2)Mental Health Committee Member:**

\_\_\_\_\_/\_\_\_\_\_  
Signature/Title Date/Time

#### **3)Medical Committee Member:**

\_\_\_\_\_/\_\_\_\_\_  
Signature/Title Date/Time

Criteria	Yes	No
<p>1. The offender has a mental illness, that is, has a disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life AND the offender presents a substantial risk of imminent harm to themselves or others as manifested by recent overt acts or recent expressed threats which present a probability of injury to themselves or to others and requires medication.</p>		
<p>2. The offender has a mental illness, that is, has a disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life AND the offender is unable to care for their own physical health and safety as to create an imminently life endangering crisis and requires medication.</p>		
<p>3. The offender has a mental illness, that is, has a disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life AND by history will decompensate to present a substantial risk of imminent harm to themselves or others or will decompensate, by history, without medication to a point where they would be incapable of participating in any treatment plan which would give them a realistic opportunity to improve their condition and requires medication.</p>		

**Document Committee Reasons for the above decisions:**

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**Note:** *If any one of the criteria above is marked yes, then involuntary medication is justified.*

\_\_\_\_\_  
Hearing Officer Signature

\_\_\_\_\_  
Date