

**DELINQUENCY REFERRAL FOR
FORENSIC CLINICAL ASSESSMENT/
ORDER FOR EVALUATION**

JD-JM-46B Rev. 1-22
C.G.S. §§ 46b-128a, 46b-134; P.A. 21-104; P.B. § 31a-14

STATE OF CONNECTICUT
SUPERIOR COURT
JUVENILE MATTERS
www.jud.ct.gov



Instructions:

Part 1 is to be completed by the Probation Officer. Part 2 is to be completed by the Clinical Coordinator. Part 3 is to be completed by the Clerk of the Court.

Address of court	Docket number	
Child's name	Date of birth	Next court date
School	Grade	Primary language
Parent or legal guardian and relationship		
Address	Phone number	
Juvenile Probation Officer name	Phone number	
Attorney name	Phone number	
GAL name	Phone number	
DCF involved - Social Worker name	Phone number	

Part I - Referral to Clinical Coordinator for Assessment

(Note: The child and his or her attorney must consent to an assessment or evaluation pending adjudication unless a Albert J. Solnit Children's Center - South Campus (Solnit Center) evaluation is being sought.)

The Child is currently: (Select all that apply)

On Probation that expires on: _____ Pending Adjudication (Agreement of all parties required)
 In juvenile residential center - Admission date: _____ Pending Disposition

The Child is referred to the Clinical Coordinator for:

A forensic clinical assessment and report by the Clinical Coordinator.

Instructions:

The Court or the parties requesting the forensic clinical assessment should first determine the nature of the forensic question(s), and select the appropriate box(es) to guide the Clinical Coordinator.

An assessment of the need for Solnit Center hospitalization and evaluation.
 An assessment of potential for risk of violence to others.
 An assessment of the need for further evaluations.
 An assessment of the need for staff secure or secure residential treatment.
 Other (additional forensic clinical question(s))

Agreed upon:

Child's attorney	State's attorney
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It is ordered:

Signed (Judge)	Name of Judge	Date of order
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Part II - Recommendations of Clinical Coordinator

Instructions:

After an assessment to recommend whether an evaluation is necessary, and if so, the type of evaluation, the checklist below will serve as a general guide to the evaluator. The final referral question(s) will be generated by the Clinical Coordinator with input from counsel, and presented to the Court in the subsequent report to obtain an order for an evaluation. If the parties cannot agree to the clinical issues, question(s), or the need for an evaluation, they may request a determination by the Court.

Type of Evaluation

<input type="checkbox"/> Psychological	<input type="checkbox"/> Violence Risk
<input type="checkbox"/> Academic Achievement	<input type="checkbox"/> Inappropriate Sexual Behavior
<input type="checkbox"/> Solnit Center	<input type="checkbox"/> Adaptive Functioning
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> No further evaluation is necessary. Explanation: <i>(Attach report if necessary)</i> _____	

Final referral question(s): *(Attach extra sheet(s) if necessary)*

The parties Agree Do Not Agree to the recommended evaluation.

Child's attorney

State's attorney

Part III - Court Order for Evaluation

After hearing or agreement, the following evaluation is ordered:

<input type="checkbox"/> Psychological	<input type="checkbox"/> Violence Risk
<input type="checkbox"/> Academic Achievement	<input type="checkbox"/> Inappropriate Sexual Behavior
<input type="checkbox"/> Solnit Center	<input type="checkbox"/> Adaptive Functioning
<input type="checkbox"/> Other: _____	

The parent or guardian is ordered to provide signed Judicial Branch JD-CL-46 release forms to the Probation Officer for the following materials:

Appointments to be arranged by: _____ E-mail: _____

Phone number: _____ Fax: _____

Written report sent to the Clinical Coordinator by: _____

Copies of the evaluation restricted to: _____

Evaluation reports and portions of them, are confidential and may not be further disclosed without a Court Order.

It is ordered:

Signed (Judge)	Name of Judge	Date of order
Referral submitted by (Name)		Date submitted