

**CLINICAL COORDINATOR  
EMERGENCY EVALUATION  
REFERRED**

JD-JM-211 New 8-14  
C.G.S. §§ 46b-121j(b), 46b-121k(a)(2)(E), 46b-134

**STATE OF CONNECTICUT  
SUPERIOR COURT  
JUVENILE MATTERS**

[www.jud.ct.gov](http://www.jud.ct.gov)

**Instructions**

1. This form should be fully completed by the Clinical Coordinator who conducted the assessment.
2. The completed form can be hand written and must be dated and signed.
3. Prepare in duplicate - Original placed in Court Clinic Record - Duplicate to EMS personnel.
4. Duplicate form should be directly handed to EMS personnel to ensure transmittal to receiving facility.

**ADA NOTICE**  
The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).

Name of Juvenile	Date of birth	Docket number
Address of the court	Date of examination	Time of examination

History of juvenile's present condition (include type and amount of present medications, if any)

## **Juvenile's Mental Status and Review of Symptoms**

**1. General Appearance:** \_\_\_\_\_

Demeanor:

Pleasant  Cooperative  Uncooperative  Hostile

Other: \_\_\_\_\_

Motor Activity:

Hypoactive  Calm  Restless  Hyperactive  Mannerisms  Tics  Tremors  Dyskinesia

Other: \_\_\_\_\_

Attitude:

Apathetic  Cooperative  Friendly  Guarded  Suspicious

Belligerent  Threatening  Hostile  Uncooperative

Other: \_\_\_\_\_

Speech:

Normal Latency  Normal Volume  Normal Fluency  Mute  Delayed  Soft

Impoverished  Slurred  Incoherent  Loud  Pressured  Excessive

Other: \_\_\_\_\_

**2. Mood:** \_\_\_\_\_

**3. Affect:**

Apathetic  Interested  Bright  Anxious  Sad  Angry

Other: \_\_\_\_\_

**Reactivity:**

Normal  Decreased  Increased

**Range:**

Normal  Decreased  Increased

**Appropriateness to mood/situation:**

Yes  No  Comment: \_\_\_\_\_

**4. Thought:**

Content:

Auditory Hallucinations  Visual Hallucinations  Delusions  Obsessions

Process:

Organized  Disorganized

**5. Risk Assessment:**A. Suicidal behavior:  Denies all

Suicide attempt within the last 24 hours  History of prior suicide attempt  Aborted suicide attempt

Self-injurious behavior

Current plan/means/intent: \_\_\_\_\_

Other risk factors for suicide:

Anhedonia  Impulsivity  Hopelessness  Helplessness  Anxiety/Panic  Insomnia

Command hallucinations  Substance use  Access to gun/or other legal means

Family history of suicide attempt and/or completed suicide by family members  Yes  No

Comment: \_\_\_\_\_

B. Homicidal behavior:

Current:

None  Homicidal ideation  Homicidal plan  Has access to gun/other lethal means  Homicidal intent

History of Homicide Attempts:  Yes  No  Comment: \_\_\_\_\_

C. Violence:

Current (past three months):

No  Yes (Describe):  Person  Property \_\_\_\_\_

Past:

No  Yes (Describe):  Person  Property \_\_\_\_\_

**Justification for Emergency Evaluation:**

Juvenile examined is gravely disabled  Juvenile examined is dangerous to himself/herself or to others

Clinical Coordinator Signature		Name of Clinical Coordinator (Print)	
Date signed	Degree	License number	Phone number