

**NUECES COUNTY SHERIFF'S DEPARTMENT
MAGISTRATION ROSTER**

Date:

TO: Dept: Jail Administration

FROM: Dept: Jail Division

Magistration Start Time: _____

Magistration End Time: _____ Total Time: ____ (Hr) ____ (Min)

PRISONER'S NAME (Male)	Date of Birth		PRISONER'S NAME (Female)	Date of Birth
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
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19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				

Male Totals: _____

Magistration Officer: _____

Females Totals: _____

Judge: _____

**OBSERVATION OF PERSON SUSPECTED
OF HAVING A MENTAL ILLNESS**

[Person signing this form, please check the following if applicable.]

The Defendant suspected of mental illness or mental retardation is:

NAME: _____ SID: _____

DOB: _____ FELONY/MISDEMEANOR CHARGE (Circle One)

ADDRESS: _____

I have observed or have received credible information that the above-named Defendant has a mental illness or is a person with mental retardation such as the following:

- Defendant is delusional and making statements that are illogical and irrational.
- Defendant is threatening suicide.
- Arresting officer has indicated his belief on what he observed and heard that Defendant is mentally ill.
- Family member has notified the NCSO that Defendant is mentally ill and not taking his/her medications and suffering a relapse.
- I am aware of the results of a previous assessment that found Defendant to be mentally ill or mentally retarded.
- Other: _____

Signed this _____ day of _____, 20__.

[Name of person making the statement.]

ORDER OF REFERRAL BY MAGISTRATE FOR MHMR ASSESSMENT

The above-named Defendant is Ordered to be assessed under Art. 16.22 of the Texas Code of Criminal Procedure and to provide the Magistrate a written assessment as required with the applicable time line.

Signed this _____ day of _____, 20__.

Magistrate

