FORM 95: NCIC MENTAL HEALTH NOTICE

□ Initial NCIC Notice □ Modification of Previous Notice □ Termination of Previous Notice						
NAME						
Last		First	M.I.			
ADDRESS						
Street		City	State Zip			
PHYSICAL DESCRIPTIC		Hair Eye	es Race Sex			
			es hace Sex			
NUMERICAL IDENTIFIER (Only one identifier is required. Complete the entire line for identifiers #3 and #4.)						
1. SSN		2. DOB	/ /			
3. Driver's Lic. No.		State Expiration	YR			
4. Vehicle Lic. No.		State Expiration	YR Lic. Type			
COURT NAME		CASE/ORDER NO.				
OFFENSES						
R.C. 2903.01	R.C. 2903.02	R.C. 2903.03	R.C. 2903.04			
Aggravated Murder	Murder	Voluntary Manslaughter	Involuntary Manslaughter			
R.C. 2903.11	R.C. 2903.12	R.C. 2903.13	R.C. 2903.15			
Felonious Assault	Aggravated Assault	Assault	Permitting Child Abuse			
Aggravated Menacing R.C. 2905.02	Menacing by Stalking	Menacing R.C. 2905.32	Kidnapping R.C. 2907.02			
Abduction	Extortion					
		Trafficking in Persons				
R.C. 2907.03	R.C. 2907.05	R.C. 2909.02	R.C. 2909.03			
Sexual Battery	Gross Sexual Imposition	Aggravated Arson	Arson			
Terrorism	R.C. 2911.01	R.C. 2911.02 Robbery				
	Aggravated Robbery	Robbery	Aggravated Burglary			
R.C. 2911.12(A)(1)						
Burglary R.C. 2917.02	Burglary	Burglary R.C. 2917.31				
Aggravated Riot	Riot		R.C. 2919.22(B)(1) Endangering Children			
		Inducing Panic				
R.C. 2919.22(B)(2) Endangering Children	R.C. 2919.22(B)(3)	R.C. 2919.22(B)(4) Endangering Children	R.C. 2919.25			
	Endangering Children		Domestic Violence			
R.C. 2921.03	R.C. 2921.		R.C. 2921.34			
Intimidation		ness/ Attorney	Escape			
□ Former R.C. 2907.12 □ R.C. 2923.						
Felonious Sexual Penetration Discharging Firearm in School or Home						

A violation of an existing or former municipal ordinance or law of this or any other state or the United States, substantially equivalent to any section, division, or offense listed as an offense of violence.

An offense, other than a traffic offense, under an existing or former municipal ordinance or law of this or any other state or the United States, committed purposely or knowingly, and involving physical harm to persons or a risk of serious physical harm to persons. R.C. or Ord.

A conspiracy or attempt to commit, or complicity in committing, any offense of violence.

MISCELLANEOUS FIELD

Defendant pled guilty to or was convicted of an offense of violence and was ordered by the court to receive a mental health evaluation.

Defendant pled guilty to or was convicted of an offense of violence and was ordered by the court to receive treatment for mental illness.

Defendant was found not guilty by reason of insanity. If you have contact with this person, please notify the Department of Mental Health and Addiction Services at <u>mha.notify@mha.ohio.gov</u>. The court approved the conditional release for the following reasons:

Defendant was found incompetent to stand trial with no substantial probability of becoming competent again even with a course of treatment. If you have contact with this person, please notify the Department of Mental Health and Addiction Services at <u>mha.notify@mha.ohio.gov</u>. The court approved the conditional release for the following reasons:

DATE OF ORDER: _____ / ____ / ____

NOTE: Indicate date on which the court ordered the defendant to receive a mental health evaluation or treatment, or approved conditional release.

TERMINATION OF ORDER FOR MENTAL HEALTH EVALUATION OR TREATMENT:

□ NONEXPIRING (NONEXP) OR _____ / ____ / ____

TERMINATION OF CONDITIONAL RELEASE OR COMMITMENT:

NOTE: Indicate "NONEXPIRING" if the date on which the order for mental health evaluation, mental health treatment, or conditional release or commitment would terminate is not known to the court at the time the order is issued. When the termination date is known, complete a new Form 95 and check "Termination of Previous Notice" on page 1.

POINT OF CONTACT:			
	Last Name	First Name	
Agency/Department	Telephone	E-mail	
NOTE: "POINT OF CONTACT" n	nay be a probation officer or forensic monitor to	o whom the defendant reports.	