Mental Health Recommendations Regarding Inmate Discipline

Date:	Date/Tin	ne of Offe	nse:				
Inmate Name:							
Offense:							
Mental Health Level at Tin	ne of Offense:	В	C1	C2	D		
Recommendations Conce	rning Acceptanc	e of the M	liscond	uct:			
Accept offense repo with their defense.	ort for formal disc	iplinary pı	ocess.	Inmate	is capab	le of assisting	
Accept offense representative fami		•	• •			•	
Disciplinary hearing notifies the approper their defense. Nor assisting with their designated staff per postponement of the jointly elect to take	riate staff persormally, if the inn defense within arson and MHA wine offense report	n that the nate has a six mor Il occur to . The MH.	inmate not be oth period determ A and c	e is capen associated as considerated as consi	pable of a sessed a sultation feasibility	assisting with s capable of between the y of additiona	
Informally handle the inmate accountable plan to address the level of functioning	e for their behavion problem behavion	or. The MI ior. This i	HA will ı nmate's	modify menta	the inmat al health i	te's treatmen issues and/o	
Recommended stra	ategy:						
*Behavior(s) that the				s or sec	curity of t	he facility wil	
Signature of MHA (designation Date	ee) Date	Sign	ature o	f Facilit	y head (d	designee)	

Original: Designated Supervisor to be placed in disciplinary report.

Copy: Inmate's Medical File DOC 060125R (R 10/23)