

MINNESOTA DEPARTMENT OF CORRECTIONS

DATE:

TO: Mental Health Services

FROM: Discipline Unit

Incarcerated Individual: _____ OID # _____ is charged with a facility rule violation (see the attached report.)

Please provide a psychological opinion regarding the incarcerated individual's behavior.

- ☐ This person's behavior appears to be associated with an active psychosis or a delusional state. It is not likely that the behavior associated with this condition was volitional.
- ☐ This person's behavior is attributable to a brain dysfunction making it unlikely that the behavior was volitional.
- ☐ Although this person's judgment may have been impaired due to a mental condition it is more likely that their behavior was volitional.

Mental Health Services Recommendation/Comment (optional):

Behavioral Health Professional (Name and signature)

Date

Please return to Discipline Unit