



A conspiracy or attempt to commit, or complicity in committing, any offense of violence. R.C. or Ord. \_\_\_\_\_

**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 [mha.notify@mha.ohio.gov](mailto:mha.notify@mha.ohio.gov). 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 [mha.notify@mha.ohio.gov](mailto:mha.notify@mha.ohio.gov). 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:**

**NONEXPIRING (NONEXP) OR** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*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" may be a probation officer or forensic monitor to whom the defendant reports.