

BRCITDB entry complete

# Blue Ridge Crisis Intervention Team

A Collaborative Mental Health and Criminal Justice Program  
Serving the Counties of Augusta & Highland and the Cities of Staunton & Waynesboro.



## Therapeutic Assessment Site Form

Respondent [Last, First MI] CSB Client ID Date of Birth SSN Gender

Residence Address Mailing Address if Different

City State Zip Code City State Zip Code

**LEO Call for Service**  N/A [Emergency Custody occurred after Respondent arrived at TAS]

Dispatched - MH Call  Dispatched - Serve ECO  Dispatched - Welfare Check  Officer Initiated Call  Dispatched - Other Call

Name of Responding Officer Agency and Badge # Date/Time Ofc. Arrive on Scene Date/Time Field Disposition

### Injuries?

None  Law Enforcement Injury  Subject Injury  Other Injury [i.e. Bystander]

### Primary Field Disposition

Voluntary Transport  ECO  Criminal charge & arrest (Note Arrest Class and Charges below)

### Primary Field Disposition Location

Therapeutic Assessment Site  Other location  Jail/Criminal Justice Facility

Individual was taken into Emergency Custody Pursuant to:

§ 37.2-808: Order issued by the Office of the Magistrate,;  
Executed at \_\_\_\_\_ Expires at \_\_\_\_\_.

§ 37.2-808 G: Initiated by a Law Enforcement Officer;  
Executed at \_\_\_\_\_ Expires at \_\_\_\_\_.

Would criteria have been met for discretionary arrest?  Yes  No

Name of executing/initiating Officer Agency and Badge # Date/Time Arrival at TAS Date/Time VCSB Notified

The Therapeutic Assessment Site accepts a Transfer of Custody for this individual pursuant to § 37.2-808 E, and in accordance with the Memo of Agreement establishing the policies and procedures for such transfer.

Name of Security or TAS Officer Agency and Badge # Signature Date/Time of Transfer to TAS

Custody returned to Patrol Officer due to end of TAS LEO staffing shift.

Name of Patrol Officer Agency and Badge # Signature Date/Time of Transfer to Patrol

### Referral Source:

Self.  Non-CIT First Responder (Include CSB ES Clinician)  
 Family/Other Civilian.  CIT Jail/Corrections Officer  
 CIT Officer.  Non-CIT Jail/Corrections Officer  
 Non-CIT Officer  ED/Medical Referral  
 CIT First Responder (Include CSB ES Clinician)  CSB (Other than ES)

### Disposition:

No further treatment required.  Voluntary Inpatient admission to: \_\_\_\_\_  
 Individual declined referral; no involuntary action taken.  Involuntary (TDO) Inpatient admission to: \_\_\_\_\_  
 Referral to Ambulatory (Outpatient) Crisis Stabilization.  Medical Admission to: \_\_\_\_\_  
 Referral to other Outpatient/community treatment  Arrest  Misdemeanor  Felony  
 Referral to Residential Crisis Stabilization: \_\_\_\_\_ Charges \_\_\_\_\_

Name of CSB Evaluator Signature Date/Time Clinical Disposition Date/Time Departure from TAS