

Client ID # \_\_\_\_\_

Date of Administration: \_\_\_\_\_

## LEGAL INVOLVEMENT AND RELATED

### CLIENT SELF-ADMINISTERED OR CLINICIAN-ADMINISTERED

1. Since the last assessment, have you had legal issues, probation, or parole?

- Yes
- No
- Unknown

2. Since the last assessment, have you spent any nights in jail/prison?

- Yes
- No → *Skip to Q4*
- Unknown → *Skip to Q4*

3. If yes, number of nights?

\_\_\_\_\_

4. Since the last assessment, have you had court-ordered treatment?

- Yes
- No
- Unknown

5. Since the last assessment, have you had violent or aggressive thoughts?

- Yes
- No
- Unknown

6. Since the last assessment, have you had violent or aggressive behavior?

- Yes
- No
- Unknown