

MEDICAL or MENTAL HEALTH ALERT

(This is not a court order)

Defendant's Name _____ Case # _____

DCDC # _____ PDID# _____ DOB _____

1. **Medical Condition (including psychiatric):**

2. **Medication (dosage/frequency if known):**

3. **Special Needs**

wheelchair _____

urinary catheter _____

colostomy bag _____

other _____

4. **Primary/Treating Physician (if known)** _____

Telephone No. _____

5. **Information furnished by:** _____

please print

Defense Attorney Defendant Court Observation Other

6. **Family contact person:** _____

7. **Required Signatures:**

Defendant's Signature

Attorney's Signature

Judge's Signature

Date

Received by: _____

Date: _____

(Deputy U.S. Marshal)