

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**

**ADMINISTRATIVE ORDER 05-15**

**(Medical Alert protocol for juveniles in custody)**

**WHEREAS**, by a memorandum of understanding signed on January 11, 2005, the Chief Judge of the Superior Court and the United States Marshal for the Superior Court commissioned a study to evaluate the Court's use of medical information and responses to medical emergencies; and,

**WHEREAS**, the study was designed to evaluate and suggest improvements in the communication of medical information among the Court and others regarding persons in custody, to evaluate and suggest improvements for responses to medical situations arising during judicial proceedings or in the Court's cellblock, and to evaluate and suggest improvements in the methods for bringing medical concerns to the Court's attention; and,

**WHEREAS**, Karen Schneider, Esquire, was retained by the Superior Court and the United States Marshals Service to conduct the study by conducting interviews and reviewing documents at the Superior Court, the United States Marshals Service and the District of Columbia Department of Youth Rehabilitation Services (DYRS), and to prepare a report and recommendations; and,

**WHEREAS**, Ms. Schneider completed the report and submitted it on August 8, 2005, and included among its recommendations suggestions for revision of the Court's medical alert form and the procedures for its use;

**NOW THEREFORE, IT IS HEREBY,**

**ORDERED**, that the Court adopt, effective immediately, a new medical alert form, found in Attachment I attached hereto, for use in all juvenile proceedings and implemented according to the following protocols.

1. All medical alerts issued by the Court or submitted in open court shall be signed by a judge or magistrate judge to indicate that he or she is aware of the medical alert.
2. A medical alert signed by a judge or magistrate judge is not a court order.
3. For each medical alert, a clerk shall make a docket entry confirming that a medical alert has been issued in a case.
4. If the court refers a child or youth to the "at-risk room" in the juvenile cellblock at the Superior Court because the child or youth requires additional supervision for reasons, including mental health issues, young age, medical problems or pregnancy, the Court shall provide a medical

alert form to the DYRS staff member to inform him or her of the reasons for the request.

5. For all children and youth seen by them, the Superior Court Medical Staff shall use the new medical alert form to communicate any resulting medical information and shall transmit the form to the Quality Control Office of the Family court for processing.
6. The Quality Control Office of the Family Court shall fax copies of all medical alerts to the DYRS at a fax number supplied by that agency.
7. A copy of the medical alert shall be brought with the child or youth to the place of detention, if the child or youth is detained pursuant to a court order.
8. All medical information intended to assist the provision of medical care by those responsible for children and youth in custody shall be written on the medical alert form and not on any other court documents. The “greenline alert” box formerly indicated on judicial orders shall be deleted.

**SO ORDERED.**

**BY THE COURT**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Rufus G. King, III**  
**Chief Judge**

**Judges**  
**Magistrate Judges**  
**Executive Officer**  
**Clerk of the Court**  
**Division Directors**  
**Office of the Attorney General**  
**Director, CCAN Office**  
**Library**  
**Chief, Defender Services Branch**  
**Family Court Trial Lawyers Association**  
**District of Columbia Bar**  
**Daily Washington Law Reporter**  
**Albert Lewis, Esq.**

**MENTAL HEALTH or MEDICAL ALERT  
Juvenile Cases**

**Respondent's Name** \_\_\_\_\_ **Case #** \_\_\_\_\_

**SF #** \_\_\_\_\_ **DOB** \_\_\_\_\_

- 1. Observations or Communication of Condition requiring Mental Health or Medical Attention (include complaint in youth's words, if appropriate):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. Special Needs:**

**Wheelchair** \_\_\_\_\_

**Urinary catheter** \_\_\_\_\_

**Other** \_\_\_\_\_

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

\_\_\_\_\_

- 3. Prior Hospitalizations**

\_\_\_\_\_

- 4. Physician and/or Community Provider (if known)**

**Name** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_

- 5. Information furnished by: \_**

Defense Attorney     Respondent     Court Observation     Other

**Medical Screening for Drug Detoxification Necessary** \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Judicial Officer

\_\_\_\_\_  
Date

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
(DYRS Transport)

1 – Court    2 – DYRS    3- Respondent's Counsel

A copy of this form should be faxed by the Court to the medical unit at Oak Hill at 240-456-5285  
or YSC at 202-576-8451 ASAP