



Continued

(PLEASE PRINT)

Defendant's Last Name First Name MI

Soc. Sec. # [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

Request: (one service per data form)

- A=Competency Only B=Mental Condition Only C=Competency & Mental Condition D=DOC Evaluation for Competency and/or Mental Condition E=Additional Mental Health Assessment F=Physicians Services (MD services or evaluation participation) G=Pre-hospitalization Competency Training (Limit 2) H=Post hospitalization Competency Training - Misdemeanor I=Post hospitalization Competency Training - Felony J=Post Conviction Evaluation under -301(a)(4)

[ ] [ ] / [ ] [ ] / [ ] [ ] Date Court Order Received or Date Training Initiated

[ ] [ ] / [ ] [ ] / [ ] [ ] Date(s) of Evaluation or Training Type of Facility: [ ] Comprehensive Center [ ] Screening Center

[ ] [ ] / [ ] [ ] / [ ] [ ] Date of Letter to Court [ ] # of Days to Complete Evaluation

Name(s) of Evaluator(s): 1. 2. 3. 4.

The reason, if applicable, the evaluation took longer than 30 working days to complete (from the date the court order was received to the date the letter was mailed to the court):

Previous Evaluation: Yes [ ] No [ ] If Yes, Date of Previous Evaluation: [ ] [ ] / [ ] [ ] / [ ] [ ]

Specify Previous Charge(s):

RECOMMENDATIONS

Competent: [ ] 1=Yes, no follow-up 2=Yes with follow-up 3=Deferred, client referred for further evaluation 4=N/A, charges dropped 5=N/A 6=No 7=Providing competency training 8=Other (specify) 9=Evaluation results pending

Insanity Defense Supported: Yes [ ] No [ ] N/A [ ] Deferred, referred for further evaluation [ ]

Referred: [ ] YES RMHI/MH facility [ ] MR facility [ ] FSP [ ] Why? [ ] [ ] NO Pre-Admission Contact if Referral Made: Yes [ ] No [ ] N/A [ ]

Was this case discussed with a Forensic Specialist in MHDD Central Office? Yes [ ] No [ ] N/A [ ] Details: