

Procedure for Forensic Evaluation Motions and Orders

1. Obtain Motion for Forensic Evaluation, Order, and Referral Form Templates from statecourt.org criminal forms.
2. Fill out forms and deliver them to the Chief Judge (Judge Sapp) for review and signature (regardless of the assigned judge). Make sure that all documents are provided before presenting them to the Chief Judge. Please make sure that all open state court cases are reflected on the submitted Motion and Order.
3. Once the Motion and Order are filed, the Defendant's case(s) will be placed in *Under Advisement* status until the report is completed and returned. You will not need to appear for any previously scheduled court date UNLESS you have received a copy of the report from the Court. Notice of hearing will be sent out at that point.
4. The Judge's Office will file only the Motion and Order and forward the referral form and all support documents provided, to the care provider.
5. If the Defendant has a new case that arises after the filing of the Motion and Order OR the Defendant has a Superior Court case pending, please make that information known through a filed notice to the Court. (Please provide a copy of the notice to the State Court Chief Judge's office).
6. All completed evaluation reports will be sent to the defense attorney and the Chief Judge for distribution to the assigned judge. The Court will schedule the case appropriately upon receipt of the evaluation.

Attorneys should contact Allison Bailey, State Court Criminal Staff Attorney if they have any questions.

Email: abailey@chathamcounty.org

Phone: 912- 652-7563

IN THE STATE COURT OF CHATHAM COUNTY

STATE OF GEORGIA

THE STATE OF GEORGIA,)	
)	
)	
vs.)	CASE NO: _____
)	
)	
)	
)	
)	
Defendant.)	

MOTION FOR FORENSIC EVALUATION

Pursuant to Uniform Superior Court Rule 31.4, counsel for the Defendant requests that the Court order a mental evaluation for the above-named individual. The following allegations and grounds support this request (*be brief and do not put non-public information in this section. i.e. SSN*):

I have also provided the Completed Forensic Evaluation and Services Referral Form to assist in the Court's Determination and the subsequent evaluation. I will provide any outstanding information required directly to the Forensic Services Program at Georgia Regional Hospital at Savannah. I understand that where available, a copy of the Order, police arrest report, and a brief summary of any known or alleged previous mental health treatment or hospitalization that I have provided, will be forwarded.

This ____ day of _____, 20 ____.

Attorney Signature

Printed Name

Bar Number

*To be filed with the Order

IN THE STATE COURT OF CHATAM COUNTY

STATE OF GEORGIA

THE STATE OF GEORGIA,)	
)	
)	CASE/ACCUSATION NO: _____
)	CHARGE(S):
vs.)	
)	
_____)	

ORDER FOR COMPETENCY EVALUATION

Whereas, the mental competency of the above defendant has been called into question, and evidence presented in the matter, and this court has found that it is appropriate for an evaluation to be conducted at public expense.

It is hereby ORDERED that the Department of Human Resources (or Forensic Psychiatry Service) conduct an evaluative examination of the defendant, provide treatment of the defendant, if appropriate, and provide to the court a report of diagnosis, prognosis and its finding, with respect to:

1. Competency to Stand Trial. Whether the accused is capable of understanding the nature and object of the proceedings; whether the accused comprehends his or her own condition in reference to the proceedings; and, whether the accused is capable of rendering to counsel assistance in providing a proper defense.

2. Any recommendations for disposition.

IT IS FURTHER ORDERED that the above-named Defendant shall submit to the above referenced evaluation and comply with all recommendations by the Department.

IT IS FURTHER ORDERED that any Medical/Mental health Provider, Community Service Board, Jail or Prison Health/Mental Health Service, when requested, provide copies of the above named defendant's clinical, psychiatric, psychological, and/or medical records, to include substance abuse treatment records, to the DBHDD within three (3) days of receipt of a copy of this order in an effort to facilitate accurate and timely evaluation of the above named defendant. *This order is to serve in lieu of other permission/release of information forms required by any agency.*

IT IS FURTHER ORDERED that the department of service arrange with the county sheriff, or the sheriff's lawful deputies, for the prompt examination of said defendant, either at the county jail or at a specified hospital, with transportation costs to be borne by the county. Upon completion of the examination, the examining facility shall notify the sheriff, who shall promptly reassume custody of the accused. Copies of the following documents have been provided: *(check all that apply)*

- () Accusation
- () Summary of previous mental health treatment
- () Copy of arrest report

- Completed Forensic Evaluation and Services Referral Form
- Other

SO ORDERED the _____ day of _____, 20__.

JUDGE, STATE COURT OF CHATHAM COUNTY
EASTERN JUDICIAL CIRCUIT, GEORGIA