IN THE SUPERIOR COURT OF CHATHAM COUNTY
STATE OF GEORGIA

STATE OF GEORGIA,	)	
	)	
v.	)	
	)	**CASE NO: _____**
[DEFENDANT'S FULL NAME],	)	
	)	
DEFENDANT.	)	

MOTION FOR COMPETENCY EVALUATION

COMES NOW the Defendant, [Defendant's Full Name], by and through undersigned counsel, and respectfully moves this Honorable Court, pursuant to O.C.G.A. § 17-7-130, for an order directing the Defendant be evaluated to determine competency to stand trial. In support of this Motion, Defendant shows as follows:

Under O.C.G.A. § 17-7-130(a), whenever the court has reason to believe that a defendant is not mentally competent to stand trial, or when the defense raises the issue of competency, the court shall suspend all criminal proceedings and order a mental competency evaluation.

Defense counsel has a bona fide doubt as to Defendant's present competency to stand trial. Specifically, counsel has observed behaviors and circumstances indicating that Defendant may not fully understand the nature and consequences of the proceedings or be able to assist in the preparation of his/her defense. Based on these observations and information, counsel submits that a bona fide question exists as to whether Defendant is mentally competent to stand trial.

WHEREFORE, Defendant respectfully requests that this Honorable Court:

1. Suspend all further criminal proceedings pending a determination of competency;

2. Order a mental competency evaluation of the Defendant, to be conducted by qualified forensic personnel from the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) or other appropriate forensic evaluators designated by the Court;

3. Direct that the evaluator's written report be submitted to the Court and counsel in accordance with O.C.G.A. § 17-7-130; and

4. Grant such other and further relief as the Court deems just and proper.

Respectfully submitted this ___ day of _____, 20___.

_____
[Attorney's Name]
Attorney for Defendant
Georgia Bar No. [_____]
[Law Firm or Public Defender's Office]
[Address]
[City, State ZIP]
[Phone]
[Email]

CERTIFICATE OF SERVICE

I hereby certify that I have this day served the foregoing Motion for Competency Evaluation upon the Office of the District Attorney for the Eastern Judicial Circuit, Chatham County, by [hand delivery / electronic service / U.S. Mail] to:

[Name of Prosecutor]
Office of the District Attorney
Eastern Judicial Circuit
133 Montgomery Street, Suite 600
Savannah, Georgia 31401

This ___ day of _____, 20___.

_____
[Attorney's Name]
Attorney for Defendant
Georgia Bar No. [_____]
[Law Firm or Public Defender's Office]
[Address]
[City, State ZIP]
[Phone]
[Email]