

Certification of Competency Evaluator Credentials:

Name:

Address:

Phone number:

Professional Discipline and License #:

Board Certifications:

Continuing Education Meeting Requirements: (note: statute requires the equivalent of 24 hours of continuing education relating to forensic evaluations, including 6 in the two years prior to the current evaluation)

Template for Competency Evaluations

Name of Defendant:

County:

Cause #:

Date of Evaluation:

Date of Report:

Specific Issues Referred for Evaluation:

Disclosures: (Please include, at minimum, that you explained the purpose of the evaluation, persons or entities to whom the report will be provided, and limits of confidentiality.)

Procedures, Techniques, Tests, and Collateral Information Reviewed:

Clinical Observations and Findings:

Diagnoses:

Areas of Competency: (Please describe in detail any deficits in the defendant's capacity during criminal proceedings and the exact nature of the deficits resulting from mental illness or mental retardation. As required by statute, be certain to consider:

- Capacity to rationally understand the charges and potential consequences of the pending proceedings;
- Capacity to disclose to counsel pertinent facts, events and states of mind;
- Capacity to engage in legal strategies and options;
- Capacity to understand the adversarial nature of the proceedings;
- Capacity to exhibit appropriate courtroom behavior;
- Capacity to testify;
- Capacity to consult with counsel)

Opinion on Competence to Stand Trial: (Please provide a clear statement of whether in your professional opinion the defendant is competent to stand trial, incompetent to stand trial, or why you are unable to formulate an opinion.)

Treatment recommendations: (Please list current medications. If, in your opinion, the defendant is currently competent, the impact of any of these medications on the defendant's appearance, demeanor or ability to participate in the proceedings and whether the medications are necessary to maintain competence. If, in your opinion, the defendant is not currently competent, is treatment/medication likely to restore the person to competence in the foreseeable future. Please include any recommendations you may have as to treatment options.)

Signature: