

## TEMPLATE FOR COMPETENCY EVALUATIONS

County:

Cause #:

**Evaluator Information:**

**Name:**

**Address:**

**Phone Number:**

**Qualifications of Examining Expert:**

**Medical License #:**

**Certifications:**

**Other Credentials:**

**Met Continuing Medical Education Requirements?**

**Name of Defendant:**

**Date of Evaluation:**

**Date of Report:**

**Specific Issue(s) Referred for Evaluation:**

**I explained:**

\_\_\_\_\_ Purpose of the evaluation

\_\_\_\_\_ Persons to whom the report is to be provided

\_\_\_\_\_ Limits on confidentiality

**Procedures, Techniques and Tests Used in the Evaluation:**

**Finding(s):**

*Competency*

- \_\_\_\_\_ **Competent to Stand Trial**
- \_\_\_\_\_ **Incompetent to Stand Trial**
- \_\_\_\_\_ **Unable to form opinion because:**

*Diagnosis:*

- \_\_\_\_\_ **This is an individual with mental illness and the diagnosis is:**
- \_\_\_\_\_ **This is a person with mental retardation**

**Clinical Observations, Findings and Opinions:**

*Mental Status Examination: Noted impairment in the following areas  
(Please check all that apply)*

- \_\_\_\_\_ **Appearance**
- \_\_\_\_\_ **Attitude**
- \_\_\_\_\_ **Speech**
- \_\_\_\_\_ **Mood**
- \_\_\_\_\_ **Affect**
- \_\_\_\_\_ **Thought Process**
- \_\_\_\_\_ **Thought Content**
- \_\_\_\_\_ **Cognition**

*Areas of Competency:*

(Please describe in detail any deficits in the defendant's capacity during criminal proceedings in the following areas, as substantiated by mental status exam elements noted above, and the exact nature of the deficits resulting from mental illness or mental retardation).

**Rationally understand the charges and potential consequences of the pending proceedings:**

**Disclose to counsel pertinent facts, events and states of mind:**

**Engage in a reasoned choice of legal strategies and options:**

**Understand the adversarial nature of the proceedings:**

**Exhibit appropriate courtroom behavior:**

**Testify:**

**Capacity to engage with counsel:**

*Medication*

**Current medications:**

**Impact of medication on defendant's appearance, demeanor or ability to participate in the proceedings:**

**Are medications necessary to attain or maintain competency?**

**Are the medications likely to restore the defendant to competency in the foreseeable future?**

**What are your recommendations with regard to treatment options?**

**Other Comments:**

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**Signed**