	CASE NO
THE STATE OF TEXAS	§ IN THE COURT
	\$
V.	§ OF
	§
	§ FORT BEND COUNTY, TEXAS

MOTION FOR MENTAL HEALTH EVALUATION BY BEHAVIORAL HEALTH SERVICES OF FORT BEND COUNTY

- □ The Court, on its own motion,
- □ The State of Texas by and through an Assistant Fort Bend County District Attorney,
- **The Attorney for the Defendant**,

has reason to believe the Defendant is suffering from a mental health disorder and an examination is needed to assess current mental health functioning and provide diagnostic impressions, and treatment recommendations.

The mental health evaluation will include a *brief assessment* of the individual's current functioning.

Please check areas of concern below:

- Mental Health Symptoms:
- Substance Abuse
- Cognitive Functioning
- Other (Specify):

Please describe specific concerns below:

*Required: (Check one)

- □ I have records regarding the defendant's history that are pertinent to the requested evaluation and I will make them available to the examiner.
- $\hfill\square$ I do not have records available regarding the defendant's history.

Therefore,

The State of Texas by and through an Assistant Fort Bend County District Attorney,

 \Box The Attorney for the Defendant, prays that this Court will issue an order permitting an examination by a disinterested mental health expert who can examine the defendant and report to the Court on the mental health of the defendant and testify as may be required.

Respectfully submitted this the _____ day of _____, 20____.

Attorney for Defendant/State of Texas