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 impairment and an examination is needed to assess psychological functioning, diagnostic impressions, and treatment recommendations. This motion is based on the following behaviors:

(**Check all that apply)**

❒ *Disturbed perceptions*
❒ *Disturbed and/or bizarre thoughts and beliefs*
❒ *Disturbed and intense feelings*
❒ *Disturbed communications*
❒ *Lack of understanding*
❒ *Difficulty assisting counsel*
❒ *Intellectual & Developmental Disabilities*
❒ *Other:* _____

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.
❒ 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,
❒ 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