CAUSE NO.

THE STATE OF TEXAS	§	**IN THE**_____
	§	
V.	§	**COURT OF**
	§	
	§	**FORT BEND COUNTY, TEXAS**

ORDER FOR MENTAL HEALTH EVALUATION

On_____, the Court considered the Motion for Mental Health Evaluation of the Defendant in this cause. Having heard the arguments and consideration of Counsel the Court is of the opinion that there is a necessity for a mental health evaluation to be completed in this case.

It is therefore, **Ordered**, that a qualified professional with **Fort Bend County Behavioral Health Services** shall perform an evaluation to assess psychological functioning, provide diagnostic impressions and treatment recommendations. **This court order is to be faxed to BHS Court Orders at 281-238-3250 or emailed to BHSCourtOrders@fortbendcountytx.gov.**

The Court **Orders** the examiner in this case to examine Defendant and to prepare a written report and submit it to this Court within ____days of the date of this order.

Said written report shall state the expert's findings on the following issues: (a) identify and address specific issues referred to the expert for evaluation, (b) document that the expert explained to the defendant the purpose of the evaluation, the persons to whom a report on the evaluation is provided, and the limits on rules of confidentiality applying to the relationship between the expert and the defendant, (c) include a description of the procedures used in the examination, (d) state the examiner's observations, findings, and recommendations pertaining to the Defendant.

The evaluation will include an *assessment* of the individual's current mental health functioning, intellectual functioning, and substance abuse as clinically warranted. This evaluation will include detailed background information of the Defendant and may include psychological/intellectual testing as clinically warranted.

It is hereby further ordered that any medical records concerning the defendant, maintained in any form, electronic or written, which may be in the custody of any health care provider, clinic, or hospital be made available to the examiner upon request and presentation of this order. This order is issued pursuant to 45 CFR 164.512(e)(1)(i), Health Insurance Portability and Accountability Act which authorizes covered entities to disclose protected health information in the course of any judicial or administrative proceeding when responding to and order of the Court.

(If the defendant is on bail/bond)

- The Defendant is **Ordered** to contact the office of **Fort Bend County Behavioral Health Services** at **281-238-3079** within ____days of the signing of this order and schedule an appointment for this court-ordered evaluation.
- Please provide two phone numbers for the defendant in order to assist **Fort Bend County Behavioral Health Services** in scheduling the defendant as quickly as possible:
  Contact # Primary:_____Contact # Secondary:_____

Signed on this the _____day of_____, 20___.

_____
Judge Presiding