

CAUSE NO.

THE STATE OF TEXAS

IN THE _____

v.

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COURT OF

FORT BEND COUNTY, TEXAS

ORDER FOR SUBSTANCE ABUSE EVALUATION

On _____, the Court considered the Motion for Substance Abuse 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 substance abuse evaluation to be completed in this case.

It is therefore, **Ordered**, that a qualified professional with **Fort Bend County Behavioral Health Services** shall perform a substance abuse evaluation to assess substance abuse, 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@fortbendcountytexas.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 substance abuse evaluation will include assessment of the individual’s mental health functioning and substance abuse as clinically warranted.

(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