

CAUSE NO.

THE STATE OF TEXAS

IN THE _____

v.

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COURT OF

FORT BEND COUNTY, TEXAS

ORDER FOR MENTAL HEALTH ASSESSMENT

On _____, the Court considered the Motion for Mental Health Assessment 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 assessment to be completed in this case.

It is therefore, **Ordered**, that a qualified professional with **Fort Bend County Behavioral Health Services** shall perform an assessment to evaluate current mental health functioning, provide diagnostic impressions and possible 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 summary and submit it to this Court within ____ days of the date of this order.

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

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

Please check areas of concern below:

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

(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