# MENTAL HEALTH EXPERT REQUEST

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLIENT:** | | | | |  | | | | | | | | **D.O.B.:** | |  | |
| **MATTER ID:** | | | | |  | | | | | | | |  | |
| **CHARGE (S):** | | | |  | | | | | | | | | | | | |
| **COUNTY:** | | |  | | | | | |  | | |  | | | | |
| **CO-DEFENDANT**(S) | | | | | |  | | | | | | | | | | |
| **PREFERRED EXPERT\*\*** | | | | | | | | | | |  | | | | | |
| **PURPOSE OF EVALUATION** (Place x in box to left of purpose(s) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  |  | Battered Spouse | | | | |  |  | | Mitigation | | | |  | |  |
|  |  |  | | | | |  |  | |  | | | |  | |  |
|  |  | CINA/TPR | | | | |  |  | | Sex Offender | | | |  | |  |
|  |  |  | | | | |  |  | |  | | | |  | |  |
|  |  | CINA - Parent | | | | |  |  | | NCR | | | |  | |  |
|  |  |  | | | | |  |  | |  | | | |  | |  |
|  |  | CINA - Child | | | | |  |  | | NCR Release | | | |  | |  |
|  |  |  | | | | |  |  | |  | | | |  | |  |
|  |  | Competency | | | | |  |  | | Waiver/Transfer | | | |  | |  |
|  |  |  | | | | |  |  | |  | | | |  | |  |
|  |  | Infancy | | | | |  |  | | Other Assessment | | | |  | |  |
|  |  |  | | | | |  |  | |  | | | |  | |  |
| REASON FOR REQUEST (include possible defense theory of the case) | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
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| RELEVANT HISTORY (include any known mental health or medical history) | | | | | | | | | | | | | | | | |
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***\*\**** *Depending on circumstances, the preferred expert may not be approved*

Please submit request form to [OPD-forensic.mentalhealth@maryland.gov](mailto:OPD-forensic.mentalhealth@maryland.gov)

For any related questions contact Joseph Horton, paralegal, at 410-767-4052.