# MENTAL HEALTH EXPERT REQUEST

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| **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) |
|  |  |
|  |
|  |
|  |
| 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

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