

**STATE OF NORTH CAROLINA**

File No.

\_\_\_\_\_ County

In The General Court Of Justice  
 District  Superior Court Division

**STATE VERSUS**

**MOTION AND ORDER  
APPOINTING LOCAL CERTIFIED  
FORENSIC EXAMINER**

G.S. 15A-1002

Name Of Defendant

Offense (copy of charging document(s) attached)

**MOTION QUESTIONING DEFENDANT'S CAPACITY TO PROCEED**

The undersigned moves that the above named defendant be examined to determine whether by reason of mental illness or defect the defendant is unable to understand the nature and object of the proceedings against the defendant, to comprehend his/her own situation in reference to the proceedings, and to assist in his/her defense in a rational or reasonable manner. The specific conduct that leads the moving party to question the defendant's capacity to proceed is as follows:

Date \_\_\_\_\_ Signature \_\_\_\_\_  
 Prosecutor  Defendant's Attorney  
 Defendant  Judge

Name And Address Of Defendant's Attorney \_\_\_\_\_ District Attorney's Office Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

**CERTIFICATE OF SERVICE BY MOVING PARTY**

- I certify that a copy of this Motion was served by:
- delivering a copy personally to the  
 defendant's attorney.  prosecutor.  defendant.
  - depositing a copy, enclosed in a postpaid properly addressed envelope, in a post office or official depository under the exclusive care and custody of the U.S. Postal Service directed to the  
 defendant's attorney.  prosecutor.  defendant.
  - leaving a copy at the office of the  
 defendant's attorney with an associate or employee.  prosecutor with an associate or employee.

Name And Title Of Person With Whom Copy Left

- Service accepted by:  
 defendant's attorney.  prosecutor.  defendant.

Signature Of Person Accepting Service \_\_\_\_\_ Date Served \_\_\_\_\_

Signature Of Person Serving \_\_\_\_\_

Title \_\_\_\_\_

Original-File Copy - Mental Health Center Copy - Moving Party Copy-Opposing Party Copy-Sheriff  
(Over)

**ORDER APPOINTING LOCAL CERTIFIED FORENSIC EXAMINER**

A motion questioning the defendant's capacity to proceed having been made and considered, the Court finds that the defendant's capacity to proceed is in question. The Court Orders that:

1. One or more Forensic Screening Examiners of the Mental Health Center named below, certified by the North Carolina Forensic Services, shall screen the defendant within seven (7) days after receiving this Order and determine the questions set forth in the motion.
2. The Area Director of the Mental Health Center shall cause a written report of findings and recommendations to be submitted to the Court.
3. If the screening examination reveals a need for evaluation by a medical expert which can be done at the local mental health center, the examiner shall arrange for this evaluation and notify the Clerk of Superior Court in writing. The medical expert's evaluation summary shall be transmitted to the Court in the manner described later in this Order. If the screening examination reveals that the evaluation by medical experts at the forensic unit of Central Regional Hospital - Raleigh Campus is needed, the examiner shall notify the Court immediately.
4. The Report required by items 2 and 3 of this report shall be transmitted to the Court in the following manner:
  - (a) A brief covering statement (containing only the facts of the examination and any conclusions) shall be prepared in duplicate and enclosed in an envelope addressed to the Clerk of Superior Court in this county.
  - (b) Three copies of the complete report shall be prepared. Two copies are to be enclosed in a separate sealed envelope addressed to the attention of the undersigned judge and marked "confidential," one copy is to be forwarded to defense counsel, or to the defendant, if the defendant is not represented by counsel.
  - (c) The envelope containing the covering statement and the sealed envelope addressed to the Judge shall be enclosed in a larger envelope which shall be addressed to the Clerk of Superior Court of this county. All envelopes shall show the file number of the case.
  - (d) The Clerk shall open and file the covering statement with the Court file. The complete report shall be retained unopened in the envelope addressed to the undersigned Judge until requested by the Court.
5. The moving party shall immediately advise the Mental Health Center named below of the entry of this Order and shall provide the Mental Health Center with a copy of this Order and the defendant's charging document(s). The moving party shall transmit an additional copy of this Order to the jailer of this county if the defendant is confined.
6. The Sheriff is Ordered to transport the defendant and all relevant documents to the Mental Health Center named below and return the defendant afterwards.

<i>Name Of Mental Health Center</i>	<i>Date</i>
	<i>Signature Of Judge</i>
	<i>Name Of Judge (Type Or Print)</i>

**RETURN OF SERVICE**

I certify that this Order was received and served as follows:

- By transporting the defendant to the Mental Health Center.
- Other: *(specify)*

<i>Date Received</i>	<i>Signature Of Deputy Sheriff Making Return</i>	
<i>Date Served</i>	<i>Date Of Return</i>	<i>Name Of Deputy Sheriff Making Return (Type Or Print)</i>
<i>Name Of Sheriff (Type Or Print)</i>	<i>County Of Sheriff</i>	