

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
District Superior Court Division

Name Of Defendant

MOTION AND ORDER
COMMITTING DEFENDANT
TO CENTRAL REGIONAL HOSPITAL -
RALEIGH CAMPUS FOR EXAMINATION
ON CAPACITY TO PROCEED

G.S. 15A-1002

Offense (copy of charging document(s) attached)

NOTE: A person charged with a misdemeanor must have a local examination before an examination at Central Regional Hospital - Raleigh Campus may be ordered. In felony cases, a local examination must be ordered before an examination at Central Regional Hospital - Raleigh Campus if the court finds that a local impartial medical expert or forensic evaluator approved under the rules of the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services is available and appropriate. To order a local examination, use form AOC-CR-207.

NOTE: The address for Central Regional Hospital - Raleigh Campus, is Forensics Services Unit, Central Regional Hospital - Raleigh Campus, 820 S. Boylan Avenue, Raleigh, NC 27603-2176. The telephone number is 919-733-5525, fax number is 919-733-9206.

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 Judge

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 wrapper, 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

FINDINGS

This cause was heard before the undersigned judge upon the motion of the person named on the reverse questioning the defendant's capacity to proceed. Having considered the motion, and after hearing evidence, the Court finds that:

- 1. The defendant's capacity to proceed is in question. is not in question.
- 2. The defendant is charged with a misdemeanor. a felony.
- 3. The defendant has been examined in connection with the current charges by one or more local impartial medical experts or forensic evaluators approved under the rules of the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services.
(NOTE: A person charged with a misdemeanor must have a local examination before an examination at a state facility may be ordered.)
- 4. An examination of the defendant at Central Regional Hospital - Raleigh Campus to determine the defendant's capacity would be more appropriate under the provisions of G.S. 15A-1002(b)(2) than a local evaluation.

ORDER

It is ORDERED that:

- 1. The defendant be committed to Central Regional Hospital - Raleigh Campus for a period not to exceed sixty (60) days for observation and treatment, pursuant to G.S. 15A-1002, to determine the defendant's capacity to proceed. The moving party shall provide Central Regional Hospital - Raleigh Campus with a copy of this Order, the defendant's charging document(s) and any local forensic report on the defendant. The Director of Central Regional Hospital - Raleigh Campus must direct a written report describing the present state of the defendant's mental health to the defense attorney and to the Clerk of Superior Court for the above referenced county. The sheriff of this county shall transfer the defendant and all relevant documents to Central Regional Hospital - Raleigh Campus and shall return the defendant to this county when notified that the evaluation has been completed.

Upon presentation of a copy of this Order by the forensic evaluator designated by Central Regional Hospital - Raleigh Campus, any physician or clinician, licensed health care facility, licensed health care provider, local management entity (LME), area mental health program, the North Carolina Department of Correction, the North Carolina Department of Juvenile Justice and Delinquency Prevention, any county detention facility, or any school district is hereby authorized and required to furnish copies of all records, including school records and records containing information relating to alcohol abuse, drug abuse and psychological or psychiatric conditions, concerning defendant to the forensic evaluator designated by Central Regional Hospital - Raleigh Campus.

Upon request of the forensic evaluator designated by Central Regional Hospital - Raleigh Campus, counsel for the State and defendant shall furnish to the forensic evaluator designated by Central Regional Hospital - Raleigh Campus such records and information in counsel's possession as the evaluator requests, including but not limited to copies of law enforcement reports, investigations, witness statements, statements by defendant, defendant's medical records, and prior psychiatric or psychological evaluations of defendant. Nothing herein shall be construed to require counsel to divulge any information, documents, notes, or memoranda that are protected by attorney-client privilege or work-product doctrine.
- 2. The motion is denied as the defendant's capacity to proceed is not in question.

<i>Name And Address Of Defendant's Attorney</i>	<i>Date</i>
	<i>Signature Of Presiding Judge</i>
<i>Telephone No.</i>	<i>Name Of Presiding Judge (Type Or Print)</i>

RETURN OF SERVICE

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

- By transporting the defendant to Central Regional Hospital - Raleigh Campus.
- 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>	