

IN THE INTEREST OF

Petition for Examination or Assessment

Name _____

Case No. _____

Date of Birth _____

I REQUEST:

- 1. The court order a(n): [] physical examination [] mental examination [] psychological examination [] alcohol or other drug assessment [] developmental examination [] other: _____ of the [] child/juvenile. [] parent(s): _____ [] guardian: _____ [] legal custodian: _____
2. This examination/assessment should be [] outpatient [] inpatient (chapter 938 only) and should be conducted by: [] a physician: _____ [] a psychiatrist: _____ [] a licensed psychologist: _____ [] another expert (with a master's degree in social work or another related field of child development): _____ [] an approved treatment facility for alcohol and other drug abuse: _____
3. This examination/assessment should evaluate the following: [] physical condition [] mental condition [] mental competency to proceed [] developmental condition [] psychological status [] ability of the parents to care for the child/juvenile [] alcohol or other drug abuse dependency [] whether the juvenile at the time of commission of the alleged delinquent act was not responsible by reason of mental disease or defect [] the appropriateness of medication, including psychotropic medications [] Other: _____
4. This evaluation should be done because: _____
5. The expenses of this examination be paid by [] the parents, guardian or legal custodian: _____ [] insurance company of child/juvenile/parents/guardian/legal custodian: _____ [] the county. [] the state.

DISTRIBUTION:

- 1. Court
2. Child's/Juvenile's Guardian ad Litem/Adversary Counsel
3. Parents
4. Parents' Attorney(s)
5. Child's/Juvenile's Guardian/Legal Custodian
6. District Attorney/Corporation Counsel
7. Caseworker
8. Court Appointed Special Advocate (CASA)
9. Tribe
10. Indian Custodian

Petitioner
Name Printed or Typed
Address
Email Address Telephone Number
Date State Bar No. (if any)