

# MECKLENBURG COUNTY

## Criminal Justice Services

Pretrial Service  
Re-Entry Services  
Research & Planning



Recovery Courts  
Business Management  
Forensic Evaluations Unit

### **Local Capacity to Proceed Evaluations General Instructions**

1. Once it is determined that a Local Capacity to Proceed Evaluation is required, the party making the request is responsible for submitting the referral material to the Forensic Evaluations Unit (FEU) to initiate the evaluation referral process.
2. Materials that MUST be submitted to the FEU in order to initiate the referral include:
  - A copy of the signed AND file-stamped court order requesting the appointment of a certified forensic evaluator. (AOC-CR-207 or 207b)
  - A copy of a completed Capacity to Proceed Client Information form  
**(Both forms are available at the Public Defender's Office, Clerk of Court-2<sup>nd</sup> floor or the FEU)**
3. In addition to submitting the court order and the Client Information form to the FEU, the requesting attorney is responsible for providing the forensic evaluator with any other relevant medical or background information.
4. These completed forms can be faxed to the FEU at **(704) 432-2408** or delivered (by hand or mail) to the FEU offices:

Criminal Justice Services  
Forensic Evaluations Unit  
715 East Fourth Street  
Charlotte, NC 28202
5. Once these two completed documents are received and accepted by the FEU, the case will be assigned to a certified forensic evaluator. Prior to assignment, if it appears unlikely that the examination will be conducted within 7 days of the FEU receiving the court order, the FEU will submit an extension letter to the court and assigned attorneys. If, after assignment, the assigned evaluator will not be able to complete the examination within 7 days of the FEU receiving the order, or will not complete the report within the required timeframe, the assigned evaluator will submit a letter to the court requesting a 30-day extension for the evaluation. Copies of the extension letter will also be sent to the defense attorney, prosecutor and the FEU.
6. If delays in completing the evaluation persist, the assigned evaluator can submit a second letter to the court, requesting another 30-day extension for the completion of the evaluation. Copies of this letter will also be sent to the defense attorney, prosecutor and the FEU.
7. Upon completion of the evaluation, the evaluator will provide the defense attorney, prosecutor and the FEU a written copy of the report. Two copies of the report will be forwarded to the Clerk of Superior Court in a sealed envelope, along with a brief one-page letter attached outside the sealed envelope. This letter will state the date the evaluation was completed and indicate that the evaluator's opinion as to whether or not the defendant has the capacity to proceed in court.
8. If the need arises for the evaluator to appear and testify at a court hearing, it is the responsibility of the party issuing the subpoena to make arrangements for the evaluator's appearance at the hearing and secure funding to cover the evaluator's fee for testifying in the matter.

**For questions or comments, please contact the Forensic Evaluations Unit directly at (980) 314-1799**

**CAPACITY TO PROCEED EVALUATION - CLIENT INFORMATION**

Please complete as much as possible. DO NOT LEAVE BLANK items with \* must be completed or state N/A or Unknown.  
Evaluation will be scheduled ONLY after this form is completed & returned.

**Fax this form and a copy of the Court Order to the Forensic Evaluations Unit @ 704-432-2408  
Questions? Call: 980-314-1799**

**Demographic Information:**

\*Defendant's Name: \_\_\_\_\_  
(Last) (First) (Middle)

\*Also known as: \_\_\_\_\_ Race: \_\_\_\_\_

\*Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Country

\*Phone: \_\_\_\_\_ \*Work : \_\_\_\_\_ \*PID #: \_\_\_\_\_

\*Age: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_ \*Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Marital Status: \_\_\_\_\_ Employment Status: \_\_\_\_\_

\*Does Defendant Need an Interpreter: \_\_\_\_ YES \_\_\_\_ NO If yes, what Language \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_ Relation to Defendant: \_\_\_\_\_

Legal Guardian's Address: \_\_\_\_\_

Legal Guardian's Phone #s: \_\_\_\_\_

**Defendant's Mental Health Information (list any history and treatment received):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Defendant's Legal Information:**

\*Court File No(s): \_\_\_\_\_

\*Where is this Defendant \_\_\_\_ Home \_\_\_\_ MCJC \_\_\_\_ MCJN Other: \_\_\_\_\_

\*Court Date: \_\_\_\_\_ Assigned Judge: \_\_\_\_\_

\*Possible Range of Penalties for Current Charges: \_\_\_\_\_

\*Prior Legal History (list): \_\_\_\_\_

\*Defense Attorney: \_\_\_\_\_ \*Phone #: \_\_\_\_\_ \*Fax #: \_\_\_\_\_

\*Address: \_\_\_\_\_

ADA: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_