

MECKLENBURG COUNTY

Criminal Justice Services

Pretrial Service
Re-Entry Services
Research & Planning



Recovery Courts
Business Management
Forensic Evaluations Unit

Multidisciplinary Evaluations General Instructions

1. Once appointed to a case in which a Multidisciplinary Evaluation (MDE) has been ordered, the Guardian Ad Litem (GAL) Attorney 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 MDE referral include:
 - A copy of the signed **AND** file-stamped court order requesting a Multidisciplinary Evaluation (AOC-SP- 901M)
 - A copy of a completed Multidisciplinary Evaluation Respondent Information form
(Both forms are available at the Clerk's office –Suite 3600)
3. In addition to submitting the court order and the Respondent Information form to the FEU, the GAL is responsible for gathering the records (medical, mental health, legal, etc.) needed for the evaluator to conduct the MDE. The GAL can provide the records to the evaluator directly, submit them to the FEU at the same time the court order and the Respondent Information form are submitted, or make arrangements with the evaluator to have the records available for review.
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 the court order and Respondent Information form are received and accepted by the FEU, an assignment letter will be sent to the Clerk and the GAL indicating the name of the evaluator for the case and the date the case was assigned.
6. Generally, if the MDE will not be completed within 30 days, a letter indicating the delay and requesting an extension of up to 45 days will be sent to the Clerk and copied to the GAL and the FEU.
7. Upon completion of the evaluation, the evaluator will provide the GAL and the FEU a written copy of the report. A copy of the report will be forwarded to the Clerk 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 a report containing the evaluator's opinion as to whether the respondent meets the criteria for an incompetent adult is being submitted to the court. A copy of this letter will also be sent to the Petitioner.
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 for the evaluator's appearance at the hearing to 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

715 East 4th Street, Charlotte, NC 28202 * 980-314-1705
Recovery Courts * 832 East 4th Street, Suite 4351, Charlotte, NC 28202 * 980-314-1950

Multidisciplinary Evaluation - Respondent 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 back to the FORENSIC EVALUATIONS UNIT @ 704-432-2408

Respondent Information:

*Respondent's Name: _____
(Last) (First) (Middle)

*Address: _____

City State Zip Code County

* Home Phone: _____ *Cell Phone: _____

Respondent's E-mail address: _____

*Age: _____ *Date of Birth: _____ *Sex: Male Female Race: _____

Marital Status: _____ Employment Status: _____

*Language(s) Spoken: _____ Level of Education: _____

Petitioner/Legal Guardian Information:

*Name: _____ Relation to Respondent: _____

Address: _____

*Phone #s: _____

Briefly describe the respondent's medical/mental health condition and current level of functioning:
(Include records when available)

Respondent Legal Information:

*Court File No(s): _____

*Where is this Respondent? Home Relative Facility Hospital Jail Other _____

*If not at home, current address: _____

*Hearing Date: _____ *Assigned Clerk: _____

*Prior Legal History (list if any): _____

*GAL Attorney: _____ *Fax #: _____

*Office Phone #: _____ Cell Phone #: _____

*Address: _____