

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 or 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.

Petitioner

Name Printed or Typed

Date

DISTRIBUTION:

- 1. Court, 2. Child/Juvenile/Attorney, 3. Parents