

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
- psychological examination
- developmental examination
- mental examination
- alcohol or other drug assessment
- 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 competency to proceed
- psychological status
- 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: \_\_\_\_\_
- mental condition
- developmental condition
- ability of the parents to care for the child/juvenile

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

\_\_\_\_\_  
Address

- DISTRIBUTION:
1. Court
2. Child/Juvenile/Attorney
3. Parents

\_\_\_\_\_  
Email Address Telephone Number

\_\_\_\_\_  
Date State Bar No. (if any)