

## NOTIFICATION OF EVALUATION

A confidential psychological evaluation has been requested by your defense counsel for the purpose of determining any potential mitigating factors that could be applied to your defense. Questions about your developmental, medical, psychological, substance use, and forensic history may be asked as a means of determining your current functioning and mental status as well as determining your possible level of functioning at the time of the alleged offense.

This evaluation may consist of any or all of the following: a clinical interview, a review of available records, and/or psychological tests deemed relevant to answering the referral question.

The findings of this evaluation will be placed in a report that will be provided to said defense counsel, who may in turn provide copies to appropriate court personnel, such as a court clerk or the District Attorney, if he or she determines that disclosing the results of the evaluation will be helpful in your defense. Court testimony may also result from this examination and may include any statements made during the examination.

Although the results of this examination will not be directly provided to any persons except those listed, there are some additional exceptions to confidentiality. If new information is disclosed about abuse of a child, a dependent adult, or an elder, the doctor conducting this examination is legally required to report this information to the authorities. If you provide any information that suggests you are at imminent risk of harming yourself or harming someone else, authorities may also be contacted and steps taken to ensure your safety.

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I have been informed about my evaluation for the purpose of providing my defense counsel with information about my psychological functioning for the purpose of formulating my defense and have been offered a copy of this notification \_\_\_\_\_  
(initial)

**I agree / do not agree** to be interviewed.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Examinee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature