



PSYCHOLOGICAL/PSYCHIATRIC EXAMINER PROGRAM

EXAMINER INVOICE CHECKLIST

CASE INFORMATION:

Examiner's Name: _____ Court Case/File #: _____
 (MNCIS Format: "10-CR-07-123")
 Court County/Location: _____

EXAM INFORMATION:

Case Type	
<input type="checkbox"/> CD = Chemically Dependent	<input type="checkbox"/> MI/CD/DD
<input type="checkbox"/> DD = Developmentally Disabled	<input type="checkbox"/> MI/DD
<input type="checkbox"/> MI = Mentally Ill	<input type="checkbox"/> MI/DD/D
<input type="checkbox"/> SDP/SPP	<input type="checkbox"/> Rule 20.01
<input type="checkbox"/> CD/DD	<input type="checkbox"/> Rule 20.02
<input type="checkbox"/> MI&D	<input type="checkbox"/> Rule 20.02
<input type="checkbox"/> MI/CD	<input type="checkbox"/> Rule 20.04

Examiner
<input type="checkbox"/> First Examiner
<input type="checkbox"/> Second Examiner

Commitment Exam Types	Commitment Exam Types	SDP/SPP - MI & D only
<input type="checkbox"/> 0.17 Petition for Release	<input type="checkbox"/> Civil Recommit	<input type="checkbox"/> Civil Commitment
<input type="checkbox"/> Civil Commitment	<input type="checkbox"/> Recommitment/NT	<input type="checkbox"/> .18 Final Determination
<input type="checkbox"/> Commitment/NT	<input type="checkbox"/> Recommitment/ECT	
<input type="checkbox"/> Commitment/ECT	<input type="checkbox"/> Recommitment/NT/ECT	
<input type="checkbox"/> Commitment/NT/ECT	<input type="checkbox"/> Rule 20 Referred Commitment	Rule 20 Exam Types
<input type="checkbox"/> Neuroleptic Treatment (NT)	<input type="checkbox"/> Rule 20 Referred Commit/NT	<input type="checkbox"/> Inpatient
<input type="checkbox"/> Electroconvulsive Therapy (ECT)	<input type="checkbox"/> Rule 20 Referred Commit/ECT	<input type="checkbox"/> Outpatient
<input type="checkbox"/> NT/ECT	<input type="checkbox"/> Rule 20 Referred Commit/NT/ECT	

SERVICE & TRAVEL HOURS:

	Date	Hours (.25 increments)
Record Review	_____	_____
Interview	_____	_____
Report Writing	_____	_____
Testimony	_____	_____
Travel	_____	_____
Psychological Testing	_____	_____
Other Service	_____	_____