Defendant Name:

Date of Birth:

Court File No.:

Report Date:

**IDENTIFYING INFORMATION AND REASON FOR REFERRAL**

*Identify name of defendant, type of evaluation, ordering judge, date of order, and name/timeframe of charges with brief description of charges.*

**STATEMENT OF PURPOSE AND NON-CONFIDENTIALITY**

*Summarize statement made to defendant.*

**EVALUATION PROCEDURES**

*a) Summarize the evaluation process;*

*b) Identify collateral interviews conducted and related dates; and*

*c) Provide a listing of records reviewed with title, records owner, and date of records.*

**RELEVANT BACKGROUND INFORMATION**

*Provide a summary of relevant data regarding the defendant’s personal, medical, chemical health, mental health, and/or other relevant history.*

**CURRENT CLINICAL PRESENTATION**

*Provide data regarding the defendant’s current mental status and/or clinically relevant presentation. If psychological testing was administered, provide summary of testing results in a subheading in this section.*

**DIAGNOSIS**

*Provide diagnosis and adequate clinical data to support diagnostic conclusions.*

**INFORMATION RELEVANT TO CRIMINAL RESPONSIBILITY**

*Provide specific data regarding the defendant’s mental state at the time of the alleged offense and capacity to understand the nature and wrongfulness of the alleged offense behaviors.*

|  |
| --- |
| **FORENSIC OPINON** |

**Opinion Regarding Criminal Responsibility**

*Under Minnesota Rule of Criminal Procedure 20.02, subd. 4(b), provide an opinion as to whether, because of mental illness or cognitive impairment, the defendant, at the time of committing the alleged criminal act, was laboring under such a defect of reason as not to know the nature of the act or that it was wrong.*

**Defendant’s Participation in the Examination**

*Under Minnesota Rule of Criminal Procedure 20.02, subd. 4(e), if an examination could not be conducted because of the defendant’s unwillingness to participate, provide an opinion, if possible, as to whether the unwillingness resulted from mental illness or cognitive impairment.*

*Examiner’s Signature*

*Printed Name and Title*