

Forensic Evaluation Report Checklist

All Reports	
<input type="checkbox"/>	Identifying information of the defendant
<input type="checkbox"/>	A description of the forensic examination
<input type="checkbox"/>	Criminal charges
<input type="checkbox"/>	The referral source
<input type="checkbox"/>	The referral question
<input type="checkbox"/>	Procedure, techniques, tests used and the purpose for each
<input type="checkbox"/>	Informed consent and limits of confidentiality
<input type="checkbox"/>	Background information
<input type="checkbox"/>	Relevant history of mental and physical illnesses
<input type="checkbox"/>	Substance use and treatment histories
<input type="checkbox"/>	Medications
<input type="checkbox"/>	Hospital or jail course (Sequence of events and treatment received)
<input type="checkbox"/>	Current setting (Where evaluation took place)
<input type="checkbox"/>	Summary of mental status examination
<input type="checkbox"/>	A substantiated diagnosis in the terminology of current DSM
<input type="checkbox"/>	Malingering addressed
<input type="checkbox"/>	A summary of relevant records reviewed for the evaluation.

Fitness to Proceed Specific	
<input type="checkbox"/>	Understanding of his or her charges, the possible verdicts and the possible penalties;
<input type="checkbox"/>	Understanding of the trial participants and the trial process;
<input type="checkbox"/>	Ability to assist counsel in preparing and implementing a defense
<input type="checkbox"/>	Ability to make relevant decisions autonomously;
<input type="checkbox"/>	<p>If determine incapacitated—<u>Hospital Level of Care</u></p> <p>If report completed before 6/23/21: If under 161.365, opinion and explanation as to whether the defendant requires a <u>hospital level of care</u> due to their dangerousness and the acuity of symptoms of the defendant’s qualifying mental disorder.</p> <p>If report completed after 6/23/21: Whether a <u>hospital level of care</u> is required due to the acuity of symptoms of the defendant’s qualifying mental disorder. Recommendation must be based on: (i) The defendant’s current diagnosis and symptomology; (ii) The defendant’s current ability to engage in treatment; (iii) Present safety concerns relating to the defendant; and (iv) Any other pertinent information known to the evaluator.</p>
<input type="checkbox"/>	If determined incapacitated—A recommendation of treatment and other services necessary for the defendant to gain or restore capacity.
<input type="checkbox"/>	Evaluator does not provide defendant’s statements about the alleged criminal conduct unless necessary to support the evaluator’s finding of competence or incompetence
Criminal Responsibility Specific	
<input type="checkbox"/>	The defendant’s account of the alleged offense(s) including thoughts, feelings and behavior

<input type="checkbox"/>	Summary of relevant records including police reports
<input type="checkbox"/>	An expert opinion regarding the role of substance use in the alleged offense
<input type="checkbox"/>	Defendant's mental state at the time of the alleged offense(s)
<input type="checkbox"/>	Expert opinion regarding whether the defendant, as a result of a qualifying mental disorder lacks criminal responsibility
General Considerations	
<input type="checkbox"/>	Demonstrates an ability to provide clinically sound diagnostic assessments
<input type="checkbox"/>	Demonstrates the evaluator obtained, or made reasonable attempts to obtain, relevant and adequate data
<input type="checkbox"/>	Demonstrates the ability to analyze the data and articulate the nexus between the data and the psycho-legal question
<input type="checkbox"/>	Report is well-organized, clear, and comprehensible