

## Oregon Forensic Evaluation Checklist for Courts

At a minimum, each forensic evaluation should include the following:

<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 in the examination and the purpose of 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"/>	Mental status examination;
<input type="checkbox"/>	A substantiated diagnosis in the terminology of the American Psychiatric Association's current edition of the Diagnostic and Statistical Manual;
<input type="checkbox"/>	A consideration of malingering must be present in every evaluation;
<input type="checkbox"/>	A summary of relevant records reviewed for the evaluation.
<b>Competency to Stand Trial Evaluation, including opinions and explanations related to the defendant's:</b>	
<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"/>	Active symptoms present during evaluation
<b>If determined incapacitated:</b>	
<input type="checkbox"/>	A recommendation of treatment and services necessary for the defendant to gain or restore capacity
<input type="checkbox"/>	An opinion and explanation regarding whether the person needs a hospital level of care
<b>Criminal Responsibility Evaluation, including opinions and explanations addressing:</b>	

<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"/>	The defendant's active symptoms at the time of the alleged offense(s)
<input type="checkbox"/>	Expert opinion regarding whether the defendant, as a result of mental disease or defect at the time of engaging in the alleged criminal conduct, lacked substantial capacity to appreciate the criminality of the conduct .
<input type="checkbox"/>	Expert opinion regarding whether the defendant lacked substantial capacity to conform conduct to the requirements of law
If Guilty Except for Insanity:	
<input type="checkbox"/>	Was competency of the defendant considered?
<input type="checkbox"/>	An expert opinion regarding; if the individual is determined guilty except for insanity of a misdemeanor is the individual a substantial danger to others requiring a hospital level of care