

\_\_\_\_\_ County

In The General Court Of Justice  
District Court Division

**NOTE TO COURT:** Use this side of the form only if a juvenile adjudicated delinquent has a suspected mental illness, developmental disability, or intellectual disability and has **not** received a CCA or equivalent mental health assessment within the last 45 days before the adjudication hearing. Use form AOC-J-471 for the Court's review of the assessment and to order disclosure of the assessment for that review.

## IN THE MATTER OF

COMPREHENSIVE CLINICAL ASSESSMENT-  
ORDER TO COMPLETE ASSESSMENT AND  
PRODUCE RECORDS

42 C.F.R. § 2.64, 45 C.F.R. § 164.512(e); G.S. 7B-2502(a), 122C-54(a)

Name Of Juvenile

Juvenile's Date Of Birth

Age

Date Of Hearing

## FINDINGS

The Court hereby finds the following:

1. The juvenile has been adjudicated delinquent and has a suspected mental illness, developmental disability, or intellectual disability. [G.S. 7B-2502(a2)]
2. A comprehensive clinical assessment or equivalent mental health assessment has not been conducted within the last 45 days before the adjudication hearing.
3. Pursuant to G.S. 7B-2502(a2), the Court is required to order a comprehensive clinical assessment or equivalent mental health assessment.
4. Further, it is necessary and required for the Court to review a copy of the assessment to determine whether a care review team must be ordered pursuant to G.S. 7B-2502(a3).

## ORDER

It is hereby ORDERED that:

1. An assessment be completed that evaluates the developmental, emotional, behavioral, and mental health needs of the juvenile.
2. The provider identified below shall provide a written copy of the assessment to the Court to be filed under seal.
3. The records shall be transmitted to the Court in a sealed envelope addressed to the Clerk of Superior Court in this county with the file number clearly marked on the outside of the envelope.
4. The Clerk shall place these records under seal in the juvenile's court file.
5. This Order shall serve as notice to the juvenile and the provider of the Court's intent to disclose these records for review by the Court as required by G.S. 7B-2502(a3). At the time of filing the sealed records, the provider may, but is not required to, file written objections to the disclosure of these records, and may, but is not required to, further argue any objections at the court hearing set below.
6. The records shall be available for the Court at a hearing set for (specify date) \_\_\_\_\_ to determine whether to convene a care review team pursuant to G.S. 7B-2502(a3) and (a4).

Name And Address Of Provider

Date

Name Of District Court Judge (type or print)

Signature Of District Court Judge

## CERTIFICATE OF SERVICE

The undersigned certifies that a copy of this Order To Complete Assessment And Produce Records was served on the provider named above by:

- hand delivery to the provider named above.
- depositing a copy in a post-paid, properly addressed wrapper in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, addressed to the  provider  (if provider is a corporation) officer, director, or managing agent of the corporation at the address shown above.
- Other manner of service (specify)

Date Served

Name Of Person Serving (type or print)

Signature Of Person Serving

\_\_\_\_\_ County

In The General Court Of Justice  
District Court Division

**NOTE TO COURT:** Use this side of the form only if a juvenile adjudicated delinquent has a suspected mental illness, developmental disability, or intellectual disability and a CCA or equivalent mental health assessment was conducted within the last 45 days prior to adjudication. Use form AOC-J-471 for the Court's review of the assessment and to order disclosure of the assessment for that review.

## IN THE MATTER OF

**COMPREHENSIVE CLINICAL ASSESSMENT  
ALREADY COMPLETED - ORDER TO  
PRODUCE RECORDS**

Name Of Juvenile

Juvenile's Date Of Birth

Age

Date Of Hearing

42 C.F.R. § 2.64, 45 C.F.R. § 164.512(e); G.S. 7B-2502(a), 122C-54(a)

## FINDINGS

The Court hereby finds the following:

1. The juvenile has been adjudicated delinquent and has a suspected mental illness, developmental disability, or intellectual disability. [G.S. 7B-2502(a2)]
2. A comprehensive clinical assessment or equivalent mental health assessment has been conducted within the last 45 days before the adjudication hearing. [G.S. 7B-2502(a2)]
3. It is necessary and required for the Court to review a copy of the assessment to determine whether a care review team must be ordered pursuant to G.S. 7B-2502(a3).

## ORDER

It is hereby ORDERED that:

1. The provider identified below shall provide a written copy of the comprehensive clinical assessment or the equivalent mental health assessment to the Court to be filed under seal.
2. The records shall be transmitted to the Court in a sealed envelope addressed to the Clerk of Superior Court in this county with the file number clearly marked on the outside of the envelope.
3. The Clerk shall place these records under seal in the juvenile's court file.
4. This Order shall serve as notice to the juvenile and the provider of the Court's intent to disclose these records for review by the Court as required by G.S. 7B-2502(a3). At the time of filing the sealed records, the provider may, but is not required to, file written objections to the disclosure of these records, and may, but is not required to, further argue any objections at the court hearing set below.
5. The records shall be available for the Court at a hearing set for (*specify date*) \_\_\_\_\_ to determine whether to convene a care review team pursuant to G.S. 7B-2502(a3) and (a4).

Name And Address Of Provider

Date

Name Of District Court Judge (type or print)

Signature Of District Court Judge

## CERTIFICATE OF SERVICE

The undersigned certifies that a copy of this Order To Produce Records was served on the provider named above by:

- hand delivery to the provider named above.
- depositing a copy in a post-paid, properly addressed wrapper in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, addressed to the  provider  (*if provider is a corporation*) officer, director, or managing agent of the corporation at the address shown above.
- Other manner of service (*specify*)

Date Served

Name Of Person Serving (type or print)

Signature Of Person Serving