

\_\_\_\_\_ County

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

**IN THE MATTER OF**

**MOTION FOR  
MULTIDISCIPLINARY EVALUATION  
IN INCOMPETENCY OR RESTORATION TO  
COMPETENCY PROCEEDING**

Full Name And Address Of Respondent/Ward

Date Of Birth

Telephone No. Of Respondent/Ward

Name And Address Of Counsel Or GAL For Respondent/Ward

G.S. 35A-1111(a), (b); 35A-1130(c)

Name And Address Of Petitioner In Incompetency Or Restoration Proceeding

Telephone No. Of Counsel Or GAL For Respondent/Ward

Incompetency/Restoration Hearing Date

Telephone No. Of Petitioner In Incompetency Or Restoration Proceeding

**MOTION**

The undersigned party requests that a multidisciplinary evaluation (MDE) be performed on the respondent/ward named above, as follows:

- 1. It is requested that the MDE be performed to assist the Court.
- 2. It is requested that the MDE include the following evaluations:  
 Medical    Psychological    Social Work    Other: (specify) \_\_\_\_\_.

**NOTE:** The MDE may include other evaluations as directed by the clerk, including education, vocational rehabilitation, occupational therapy, vocational therapy, psychiatry, speech-and-hearing, and communications disorder evaluations. G.S. 35A-1101(14).

- 3. It is requested that the MDE address the following specific issues: \_\_\_\_\_  
 \_\_\_\_\_

- 4. The MDE is also requested, pursuant to G.S. 35A-1212(c), for the purpose of evaluating the suitability of the following person as guardian for the respondent/ward: (insert name, address, and phone number of potential guardian) \_\_\_\_\_  
 \_\_\_\_\_

- 5. Additional information that may be helpful to the evaluators in conducting the MDE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name And Address Of Party Requesting Evaluation

Relationship To Respondent/Ward Or Interest In Proceeding

Date

Signature