

STATE OF NORTH CAROLINA

File No.

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

_____ County

IN THE MATTER OF:

Name Of Respondent

Social Security No. Of Respondent (Last Four Digits Only)

Name And Address Of Counsel Or GAL For Respondent

**REQUEST AND ORDER
FOR
MULTIDISCIPLINARY EVALUATION**

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

Name And Address Of Petitioner In Incompetency Proceeding

REQUEST

I, the undersigned, request that the Court order a multidisciplinary evaluation be performed on the respondent named above.

Name And Address Of Party Requesting Evaluation

Date

Signature

FINDINGS

The Court finds

in accordance with the above request OR on its own motion

that a multidisciplinary evaluation

should should not be performed on the respondent.

ORDER

Based on these findings

the request for multidisciplinary evaluation is denied.

it is ORDERED that the following agency shall prepare and provide a current multidisciplinary evaluation of the respondent. The agency shall file the evaluation with the Clerk, and send copies to the petitioner and the counsel or guardian ad litem for the respondent not later than thirty (30) days after receipt of this order.

Name And Address Of Designated Agency

Date

Signature

Assistant CSC

Clerk of Superior Court