

## **Advisory Notice for Pre-Trial Forensic Examination**

Evaluation of: \_\_\_\_\_

1. My name is Dr. Norman. I understand you have been charged with a crime. I am reading this form to tell you that the judge or prosecuting attorney in your case has asked for a psychiatric evaluation. I will be doing that evaluation.
2. I will be evaluating your ability to go to trial and your mental condition at the time of the alleged offense, that is, how you were thinking and feeling at the time the crime was committed.
3. I will talk to you about your thinking and feelings. I may want to check other reports about you.
4. This evaluation is different from one in which you are seeing a doctor for treatment. It is not confidential. Anything you say or do I may discuss with the judge, the prosecutor, and your attorney, put in my report, or testify about in court.
5. After I have done my evaluation, I may send a written report to your attorney.
6. You have the right not to answer questions about your case or your mental condition. You have the right not to talk about your actions at the time of the alleged offense.

I am signing this to show that this form was read to me and I had an opportunity to discuss it.

\_\_\_\_\_  
Signature of Examinee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Examiner or witness

\_\_\_\_\_  
Date