

**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*

*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 be     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