

Legal Order for Behavioral Health Evaluation

Court:

Case Number:

Date:

Parties Involved

Subject Name:

Date of Birth:

Attorney (if applicable):

Order

The Court orders the following behavioral health evaluation for the above-named subject:

- Type of Evaluation:
- Evaluator/Agency:
- Location of Evaluation:
- Deadline for Completion:

Additional Instructions

Judge:

Signature: _____

Date: