Maureen L. Reardon, Ph.D., ABPP
Clinical and Forensic Psychologist
13200 Strickland Rd, Suite 331-114
Raleigh, NC 27613
(919) 800-1174; Fax (919) 823-4027
forensicpsych@reardonphd.com

DATE COMPLETED:

Funding Source

- ☐ Office of Capital Defender / Indigent Defense Services
- ☐ Client/Defendant Self Pay

ATTORNEY REFERRAL INFORMATION

Attorney Name: _____

Attorney Address: _____

Attorney Phone: _____ Fax: _____

Attorney E-mail: _____

* please note if you have a preferred method of communication for case discussion

Client/Defendant Name: _____

Client/Defendant DOB: _____

Jurisdiction/County: _____ Case/File No: _____

☐ **Pre-Trial**	☐ **Pre-Sentence**	☐ **Post-Conviction**	☐ **Other (specify):** _____

Charge(s) if applicable: _____

_____

Client/Defendant Location: _____

General Referral Question

☐ **Competency**	☐ to proceed to trial	☐ waive rights (specify) _____	
☐ **Responsibility**	☐ Insanity	☐ Diminished Capacity	☐ Both
☐ **Risk**	☐ Future Violence	☐ Sex Offense Recidivism	
☐ **Mitigation/Sentencing**	☐ Non-Capital	☐ Capital	
☐ **General Psychological Assessment**			

***continued on next page**

Information Relevant to Questions to be Answered by Forensic Psychological Evaluation:

Specify concerns/observations/information that lead you to believe the client's/defendant's current or past mental health may relevant to this case: _____

_____

_____

Are there any circumstances about the pending allegations that lead you to believe the defendant's mental state was at issue?

- ☐ No
- ☐ Yes (explain): _____

_____

Client/Defendant's mental health history / prior evaluations (if known): _____

_____

_____

NOTE: If possible, please have client/defendant (or legal guardian) sign authorization to release/obtain protected health information from **each** relevant agency or institution

Other pertinent background (e.g., criminal history): _____

_____

Any family members or other (s) familiar with the client/defendant's background?

Name: _____ Telephone: _____

Nature of Relationship _____ Comments: _____

_____

Please forward this form, any signed release forms, a brief synopsis of the case, and any other pertinent records to Dr. Reardon via fax or e-mail.

NOTE unless ordered by the Court, no information from this form or otherwise provided to Maureen Lyons Reardon, LLC for the purposes of forensic evaluation shall be copied or otherwise transmitted to other parties (including the client/defendant) without prior authorization from the referring party.