



**DISTRICT COURT OF MARYLAND FOR HARFORD COUNTY**

2 S. Bond Street  
Bel Air, MD 21014

Case No. ....

Defendant .....

Address .....

City, State, Zip .....

Telephone Number .....

**ORDER FOR EVALUATION**

It is this ..... day of ..... ;  
Month Year

**ORDERED** that the MHDP Evaluator conduct an evaluation of the Defendant for the purpose of assisting the Court in determining whether the Defendant is a suitable candidate for Mental Health Court and to determine if signs of danger are present that may require an additional formal risk assessment. The MHDP Evaluator shall submit the report within seven (7) days to the Court, State's Attorney, ....., Defense Attorney, ..... and the Defendant. The date of disposition is .....

The Defendant  is incarcerated at ..... or  is not presently incarcerated.

.....  
Date

.....  
Judge ID #