F.C.A. §§301.2, 322.1 F.C.A. Form 3-17

(Juvenile Delinquency– Examination

Report to Determine Capacity)

6/2016

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In the Matter of

Docket No.

A Person Alleged to be a EXAMINATION REPORT.

Juvenile Delinquent (To Determine Capacity)

Respondent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO THE FAMILY COURT OF THE STATE OF NEW YORK COUNTY OF

a duly ❒ qualified psychiatrist ❒ certified psychologist) hereby reports as follows:

1. I examined, , the Respondent herein, pursuant to an order of the Court, dated , to determine whether Respondent is ❒ mentally ill

❒ intellectually disabled

on (date): at (location):

on (date): at (location):

2. Based upon the above examination(s), in-my professional judgment,

❒ is ❒ is not

an incapacitated person as defined in subdivision (13) of section 301.2 of the Family Court Act.

\*3. I base this opinion upon the following

a. Diagnosis

b. Prognosis

\*(Note to examiner) If a finding of incapacity is made, you must complete items 3 and 4 of this form.

\*4. The following is a detailed statement of the reasons for my opinion:

[Make particular reference to those aspects of the proceedings wherein Respondent lacks capacity to understand or to assist in defense.]

Dated:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\*\*(Qualified Psychiatrist)

\*\*(Certified Psychologist)

\*Applicable if report finds Respondent to be an incapacitated person. Strike out one.