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.