

Her Majesty the Queen

v.

Order # _____

(Name and I.D. number of accused/young person)

Approved: _____

Judge

ASSESSMENT ORDER
(Sections 672.13 C.C. and 141 YCJA)

D/M/Y

BEFORE _____:
(name)

WHEREAS I have reasonable grounds to believe that evidence of the mental condition of

_____ of _____
(name of accused/young person) (address)

who has been charged with the following offence(s):

<u>Case No(s). and Brief Description of Offence(s)</u>	<u>Section</u>	<u>Date of Offence(s)</u>	<u>Place</u>
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may be necessary to determine:*

- whether the accused/young person is unfit to stand trial
- whether the accused/young person suffered from a mental disorder so as to exempt the accused/young person from criminal responsibility by virtue of subsection 16(1) of the **Criminal Code** at the time of the act or omission charged against the accused/young person
- whether the accused/young person is a dangerous mentally disordered accused/young person under section 672.65 of the **Criminal Code**
- whether the balance of the mind of the accused/young person was disturbed at the time of commission of the alleged offence(s), where the accused/young person is a female person charged with an offence arising out of the death of her newly-born child
- where a verdict of unfit to stand trial or a verdict of not criminally responsible on account of mental disorder has been rendered in respect of the accused/young person, the appropriate disposition to be made in respect of the accused/young person pursuant to section 672.54 or 672.58 of the **Criminal Code**

I ORDER an assessment of the mental condition of the accused/young person be conducted

- by _____
- at the East Coast Forensic Psychiatric Hospital. (Adult)
- at the Isaak Walton Killam Hospital. (Youth)

Attached as Schedule A is a brief statement of my reasons for making this order.

This order is to be in force until _____ and until then the accused/young person is to be*
(date)

out of custody, on the following conditions:

- in custody at a
 - Hospital designated by the Minister of Health for Nova Scotia pursuant to s.672.1 C.C.
 - Provincial Correction Institution
 - Youth Custody Facility

I ORDER that a written assessment report be filed with the Court Clerk at _____, Nova Scotia, no later than _____, 20 _____.

DATED at _____, Nova Scotia, on _____, 20 _____.

*Check applicable option.

Distribution:

- Court
- Accused/Young Person
- Prosecutor Defense
- Counsel
- Hospital/Institution/Facility

- East Coast Forensic Psychiatric Hospital, Fax 460-7343
- Youth Forensic Service

Judge, Justice of the Peace