

## Forensic Competency Evaluation Referral

Respondent: \_\_\_\_\_ Date: \_\_\_\_\_

Case No.: \_\_\_\_\_ Best Language: \_\_\_\_\_

Apparent Country of Origin: \_\_\_\_\_ Ethnicity (if known): \_\_\_\_\_

Judge: \_\_\_\_\_ Hearing Location: \_\_\_\_\_

Place of Detention: \_\_\_\_\_

Next Scheduled Hearing Date or Requested Due Date: \_\_\_\_\_

Type of Proceeding: \_\_\_\_\_ Estimated Length of Merits Hearing: \_\_\_\_\_

### Likely Forms of Relief:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asylum                     | <input type="checkbox"/> Adjustment of status              | <input type="checkbox"/> Temporary Protected Status |
| <input type="checkbox"/> Withholding of removal     | <input type="checkbox"/> Cancellation of removal (LPR)     | <input type="checkbox"/> Waiver(s)                  |
| <input type="checkbox"/> Convention Against Torture | <input type="checkbox"/> Cancellation of removal (non-LPR) | <input type="checkbox"/> Voluntary Departure        |
| <input type="checkbox"/> Other: _____               |  |   |

Estimated Complexity of Issues (Circle one: 1 is least and 10 is most complex): 1 2 3 4 5 6 7 8 9 10

### Indicia of a mental disorder (including Intellectual Disability):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> History of outpatient mental health treatment             | <input type="checkbox"/> Poor memory  | <input type="checkbox"/> Severe depression or anxiety                               |
| <input type="checkbox"/> History of psychiatric hospitalization                    | <input type="checkbox"/> Poor attention/concentration   | <input type="checkbox"/> Poor intellectual functioning                              |
| <input type="checkbox"/> History of self-injurious behavior                        | <input type="checkbox"/> Confused or disorganized thinking  | <input type="checkbox"/> Irrational behavior or speech in court                     |
| <input type="checkbox"/> History of suicide attempts                               | <input type="checkbox"/> Paranoid thinking  | <input type="checkbox"/> Lack of responsiveness in court                            |
| <input type="checkbox"/> History of limited academic achievement                   | <input type="checkbox"/> Grandiose thinking   | <input type="checkbox"/> Previous adjudications of incompetence (criminal or civil) |
| <input type="checkbox"/> Being treated for mental disorder at the detention center | <input type="checkbox"/> Hearing or seeing things not present (i.e., auditory or visual hallucinations) | <input type="checkbox"/> Other: _____   |

Other Relevant Documents or Health Information: \_\_\_\_\_

Persons with Information about Respondent's Health (with contact information): \_\_\_\_\_

### Attachments:

- |   |   |
|---|---|
| <input type="checkbox"/> Notice to Appear (Form I-862) or other charging document | <input type="checkbox"/> Record of Deportable/Inadmissible Alien (Form I-213) |
| <input type="checkbox"/> Additional Charges of Deportability/Inadmissibility      | <input type="checkbox"/> Other: _____   |