

SAMPLE – 401 COMMUNITY BASED SERVICES ORDER

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, TENNESSEE

STATE OF TENNESSEE

vs.

No.: \_\_\_\_\_

Charge(s): \_\_\_\_\_

ORDER DIRECTING COMMUNITY BASED SERVICES  
TO BE PROVIDED BY THE MENTAL HEALTH CENTER  
UNDER T.C.A. SECTION 33-7-401

This cause was heard on \_\_\_\_\_ before the Honorable \_\_\_\_\_  
Judge of Division \_\_\_\_\_, of the \_\_\_\_\_ Court of  
\_\_\_\_\_ County, upon the recommendation of \_\_\_\_\_ Mental Health  
Institute, and under T.C.A. Section 33-7-401, requesting that the defendant be referred to the \_\_\_\_\_  
(mental health agency). The court finds on proof by clear and convincing evidence that the defendant is:

1. Charged with a felony, AND
2. Incompetent to stand trial, AND
3. Not committable under T.C.A. § 33-6-502, AND
4. At risk of becoming committable.

Therefore, it is ORDERED:

1. The Court Clerk provide the \_\_\_\_\_ (mental health agency) with a copy of this order.
2. The indicated \_\_\_\_\_ Mental Health Agency shall provide the agreed upon community-based services and shall report to this Court, at six month intervals, the defendant's progress toward the goal of the plan, prospects for recovery, the defendant's current condition, the time required for relevant kinds of recovery, and whether there is substantial probability that the defendant will become competent to stand trial in the foreseeable future.
3. (If the defendant is in custody) The Sheriff's Department, after arranging an appointment with the mental health agency, shall transport the defendant to the agency for the community-based services and return him/her to the jail.
4. (If the defendant is not in custody) The defense attorney shall make an appointment for the defendant at the mental health agency.
5. The defendant will no longer be obligated to comply with the plan upon written notification to the court and the defendant when it is determined that the person no longer requires community-based services or after two (2) years, whichever comes first.

Enter this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
JUDGE

Approved for Entry:

\_\_\_\_\_  
Defense Attorney  
Address  
Phone Number

\_\_\_\_\_  
District Attorney General  
Address  
Phone Number