IN THE JUVENILE COURT OF _____ COUNTY, TENNESSEE

IN THE MATTER OF:	)	Docket Number: _____
	)	
	)	Charge(s): _____
_____	)	
A child under eighteen years of age	)	Felony Charge (s) and Tennessee Code Citation (s):
	)	_____
	)	_____
	)	_____

ORDER FOR OUTPATIENT EVALUATION OF A CHILD UNDER T.C.A. § 37-1-128(e)(1) AND NON-CUSTODIAL ASSESSMENT BY THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES

This cause was heard on the _____day of _____, 20___. It appeared to the court that: (1) there is reason to believe that the child has a mental illness and/or intellectual or developmental disability; (2) that it would be in the best interests of the child to undergo an evaluation to determine his or her mental status to assist the court in disposition of this case; and (3) to have a thorough and complete assessment, it is necessary to involve both a mental health care provider and the Department of Children's Services (DCS).

IT IS THEREFORE ORDERED THAT:

1. The child submit to an outpatient mental evaluation at_____ _____ Mental Health Center on the date and time specified by the Center, but no later than _____.

2. The Youth Services Officer (YSO) shall contact the mental health agency and arrange for an appointment for evaluation and, if necessary, ensure that the child is transported to the agency for the examination. The YSO shall deliver a certified copy of this order with the petition to the appropriate individual at the agency. The YSO may also send facsimile copies of the same documents.

3. The representative of the Department of Children's Services shall facilitate the gathering of information needed to accomplish a thorough assessment.

4. The examining professional shall conduct an evaluation and forward a written report to the court within 30 days addressing the following:
    a. Whether the child has a mental illness or intellectual or developmental disability;
    b. Whether the child is subject to voluntary admission or involuntary commitment;
    c. The type of care, training and treatment required to address any mental illness or intellectual or developmental disability found;

d. Any resources available to provide such services including but not limited to those provided by DCS.

e. Specific forensic issues

_____

_____

_____

5. If the professional attempting to perform the evaluation for mental illness or developmental disability determines that the evaluation can not be performed on an outpatient basis, the court may order the child placed in a hospital or treatment resource as defined by T.C.A. § 33-1-101, for the purposes of evaluation and for treatment necessary to the evaluation, for not more than thirty (30) days.

6. The mental health provider and DCS shall share any information or data on the child without a consent for release of information, including any information or data obtained from sources other than those referenced in this order. The mental health center and DCS are authorized to provide such information to any other provider recommended to the court as necessary for additional services to the child.

7. The Department of Children's Services shall immediately proceed with a non-custodial assessment to determine the need for TennCare benefits and services provided by or accessed through the Department and shall report its findings to the Court and the mental health center within 15 days from date of this order. DCS or the provider shall urge the parent, legal guardian, or legal custodian to apply for TennCare benefits on behalf of the child. The representative of the Department of Children's Services shall meet with the family of the child as soon as possible to assist in the application for TennCare benefits. In the event the parent, legal guardian, or legal custodian refuses or is in any way unavailable to apply for TennCare benefits, DCS is authorized by this court order to apply for TennCare benefits on behalf of the child.

8. The mental health center shall request services from TennCare, private insurance carrier or other potential payer as soon as possible after determination of any further treatment, care, training or other services recommended by the Court.

ENTERED this _____day of _____, 20____.

_____
JUDGE Juvenile Court

Approved for Entry:

_____
Defense Counsel
Address
Phone Number

_____
District Attorney General
Address
Phone Number