

Her Majesty the Queen

v.

Order # _____

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

Approved: _____

ASSESSMENT ORDER
(Sec. 672.13 CC/141 YCJA)

Judge

D/M/Y

BEFORE _____:

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):

Case No. and Brief Description of Offence	Section	Date of Offence	Place
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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 CC
 - 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.

Judge, Justice of the Peace, Clerk

- Distribution:
- Court
 - Accused/Young Person
 - Prosecutor
 - Defence Counsel
 - Hospital/Institution/Facility
 - East Coast Forensic Psychiatric Hospital, Fax 460-7343
 - Youth Forensic Service

