

MRCrP 12 Forensic Evaluation Information Certification

Attorney Name/Firm:

Telephone Number:

This letter of attestation is being provided on behalf of the following defendant:

Defendant Name:

Defendant County:

Cause Number(s):

At the time of the signing of this document, I have provided all available information related to the forensic mental evaluation order for the defendant named in the cause number(s) listed above, including:

- (1) A copy of this order and any and all related motion(s), exhibit(s) and materials;
- (2) A completed Patient Information Form (PIF) as provided by Forensic Services at Mississippi State Hospital;
- (3) Information concerning the alleged crime(s) and legal history, including:
 - a. Discovery Materials; Indictment; name(s) of the charge(s); date(s); accounts of the alleged crime(s) including investigators' report(s); arrest report(s); any statements made by witnesses, victims, and Defendant;
 - b. A copy of the Defendant's prior local arrest record and N.C.I.C. or F.B.I. Identification report;
- (4) Information concerning the defendant's mental health and medical history, including:
 - a. A copy of the report and file of any psychiatric/psychological expert providing any previous forensic opinion or evaluation of the Defendant;
 - b. All relevant medical/psychiatric/psychological records, and all relevant educational and Court (including Youth Court) and employment records;

Defense Attorney Printed Name

Signature

Date