FORM D-1: Please modify as needed for use in Orange or Osceola County and whether the Child was previously found competent or incompetent. This Order is to be used when reappointing the Agency for Persons with Disabilities for a follow-up evaluation of the same Child (even if a different case number is involved) within one year of the previous appointment.

IN THE CIRCUIT COURT OF THE NINTH

JUDICIAL CIRCUIT, JUVENILE DIVISION, IN AND FOR ORANGE/OSCEOLA COUNTY, FLORIDA

IN THE INTEREST OF: PETITION NO.:

DIVISION:

Child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

**ORDER APPOINTING THE AGENCY FOR PERSONS WITH DISABILITIES FOR A FOLLOW-UP COMPETENCY EVALUATION FOR A CHILD SUSPECTED TO HAVE AN INTELLECTUAL DISABILITY OR AUTISM AND NOTICE OF HEARING(S)**

The Child’s competence to proceed in this matter was previously raised and it was suggested the Child has an intellectual disability or autism. At that time, the Court found the Child competent/incompetent to proceed. The Court now finds it necessary to reevaluate the Child, and therefore, it is **ORDERED** that:

1. The Agency for Persons with Disabilities is again appointed to examine the Child to determine if the child meets the definition of “intellectual disability” or “autism” contained within section 393.063 of the Florida Statutes and if so, whether the Child is competent to proceed with delinquency proceedings. The Agency must appoint the same Expert who previously evaluated the Child. The Agency’s Expert is to give timely notice to the parties of the dates and places of the examination.

2. A copy of this Order serves as authorization for the Agency’s Expert to inspect and copy any discoverable information relating to the Child maintained by Defense Counsel, Clerk of Court, State Attorney’s Office, any hospital, doctor, or any health care provider, therapist, psychiatrist, psychologist, counselor, or any mental health providers, or other social or human services agencies, juvenile detention medical records, and to review any and all school records without the necessity of the Child’s/Parent’s/Guardian’s written consent. All parties who desire the Agency to consider any of these documents must provide the documents to the Agency’s Expert within five (5) days of this Order. For any documents received after five (5) days from the date of this Order, the Agency’s Expert must record the date of receipt.

3. **The Agency’s Expert must submit a written evaluation of the Child’s mental condition directly to this Court, with copies to the attorneys for the State and the Child, five days before the competency hearing set for \_\_\_\_\_\_\_\_ a.m./p.m. on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** Additionally, a competency status hearing is set for \_\_\_\_\_\_\_ a.m./p.m. on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (If left blank, no status hearing is required.)

4. The evaluation must contain:

a. A list of the specific matters referred for evaluation;

b. A description of the evaluation procedure, techniques, and the tests used in the

examination and purpose for each;

c. The Expert’s clinical observations, findings, and opinions on each issue referred for evaluation by the Court, and specific identification of those issues which the Expert could not give an opinion;

d. An identification of the sources of information used by the Expert and a presentation of the factual basis for the Expert’s clinical findings and opinions;

e. The Expert’s opinion as to the Child’s mental condition and whether the Child meets the definition of intellectually disabled or autism.

f. Competence to Proceed: The Expert’s opinion as to whether the Child has sufficient ability to consult with his/her attorney with a reasonable degree of rational understanding, and whether he/she has a rational, as well as factual understanding of the proceedings against him/her. The Expert must also consider and include in the evaluation concerning the Child’s capacity to:

1. Appreciate the charges or allegations against him/her;

2. Appreciate the range and nature of possible penalties which may be imposed;

3. Understand the adversary nature of the legal process;

4. Disclose to his/her attorney facts pertinent to the proceedings at issue;

5. Manifest appropriate courtroom behavior; and

6. Testify relevantly.

g. Recommended Treatment: If the Expert finds the Child is incompetent to proceed, then the Expert must report on any recommended treatment for the Child to attain competence to proceed. As to treatment issues, the Expert shall report on:

1. The mental illness or intellectual disability causing the incompetence;

2. The appropriate treatment(s) for the Child’s mental illness or intellectual disability and an explanation of each of the possible treatment alternatives in order of choices;

3. The availability of acceptable treatment, including whether treatment is available in the community; and

4. The Child’s likelihood of attaining competence under the treatment

recommended, the probable duration of the treatment required to restore competence, and the probability that the Child will attain competence to proceed in the foreseeable future.

5. The Agency’s Expert shall be compensated at the flat rate fee of $200.00. The Expert must submit his/her invoice for the evaluation to Court Administration, Expert Witness Payments, Suite 2130, 425 North Orange Avenue, Orlando, Florida 32801. A copy of this Order must be attached to the invoice.

**DONE AND ORDERED** in Chambers, at Orlando/Kissimmee, Florida, this \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circuit Judge

**APPROPRIATE CERTIFICATE OF SERVICE INCLUDING THE AGENCY FOR PERSONS WITH DISABILITIES AND COURT ADMINISTRATION, EXPERT WITNESS PAYMENTS, at ctadhw1@ocnjcc.org. If you prefer to mail the copy of the Order, send it to COURT ADMINISTRATION, EXPERT WITNESS PAYMENTS, SUITE 2130, 425 NORTH ORANGE AVENUE, ORLANDO, FLORIDA 32801.**

Orange:

**If you are a person with a disability who needs any accommodation in**

**order to participate in this proceeding, you are entitled, at no cost to you, to**

**the provision of certain assistance. Please contact the ADA Coordinator, Human Resources, Orange County Courthouse, 425 N. Orange Avenue, Suite 510, Orlando, Florida, (407) 836-2303, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.**

Osceola:

**If you are a person with a disability who needs any accommodation in**

**order to participate in this proceeding, you are entitled, at no cost to you, to**

**the provision of certain assistance. Please contact the ADA Coordinator, Osceola County Courthouse, Two Courthouse Square, Suite 6300, Kissimmee, Florida, (407) 836-2303, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.**