

**EXAMINATION REPORT
(C.P.L. Article 730)**

STATE OF NEW YORK

_____ COURT

COUNTY OF _____

<p>THE PEOPLE OF THE STATE OF NEW YORK</p> <p>VS</p> <p>_____</p> <p>DEFENDANT</p>
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EXAMINATION REPORT
Docket No. _____
Indictment No. _____
Information No. _____
Charge _____
_____ ,
in violation of § _____

I, the undersigned, duly certified pursuant to law as a [qualified psychiatrist] or a [certified psychologist],
(STRIKE ONE)

having been designated by _____ ,
Director of _____ ,
pursuant to an order signed by Hon. _____ , (Judge) (Justice)
of the _____ Court, _____ County,
dated _____ , to examine the above-named defendant, pursuant to
Article 730 of the Criminal Procedure Law, to determine if the defendant is an incapacitated defendant,
have conducted such examination with due care and diligence.

The nature and extent of the examination was as follows: _____

I have come to the following opinion as a result of such examination:

(NOTE TO EXAMINER: If the following paragraph sets forth the opinion of the examiner, sign the report where indicated below and do not complete Page 2. Otherwise, strike out the following paragraph, complete fully the remainder of this report and sign on Page 2.)

It is my opinion that the above-named defendant does not as a result of mental disease or defect lack capacity to understand the proceedings against him or to assist in his defense.

SIGNATURE: _____
(Qualified Psychiatrist) (Certified Psychologist)
STRIKE OUT ONE

DATED: _____, 20____

Print Name Signed _____

(Continued)

