

# Examiner's Report – Rule 20.01

(Minnesota Rules of Criminal Procedure, Rule 20.01)

To:

County  
Judicial District

Court Case Number:

From:

Date of Report:

### Court Information

Defendant's Name:	Date of Birth:
Charges and Dates of Alleged Offense(s):	

### Exam Information

Date of Exam:	Examiner's Name:
List Other Person(s) Present During Exam:	Did Defendant Participate in Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, in your opinion, was the Defendant unwilling to participate in the Exam due to? <input type="checkbox"/> Mental illness or deficiency. <input type="checkbox"/> Not able to determine basis for unwillingness to participate. <input type="checkbox"/> Other: _____
Duration of Exam:	Location of Exam:

### Referral Information

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### Statement of Purpose and Non-Confidentiality

<p><b>Pursuant to M.S. 13.01, subd. 2, Defendant was informed of:</b></p> <p><i>The role of the court-appointed examiner;</i></p> <p><i>The purpose and intended use of the data collected during the evaluation and other information collected from collateral sources;</i></p> <p><i>That information divulged in the interview is not confidential and can be disclosed in the examiner's report or in court as part of the competency proceedings;</i></p> <p><i>That the judge, prosecutor and defense attorney will receive a copy of the Examiner's Report;</i></p> <p><i>That failure to cooperate in the examination is reported to court.</i></p> <p><input type="checkbox"/> Comments:</p>
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## I. Background Information

### 1. Information Sources

a) Interviews Conducted:

b) Records Reviewed:

### 2. Relevant Background Information

### 3. Clinical Assessment

a) Behavioral Observations:

b) Psychological Testing (if any):

## II. Diagnosis of Defendant's Mental Condition

### 1. Diagnosis

a) Diagnostic Analysis:

b) Diagnosis:

c) Is the Defendant:

- Mentally Ill
- Mentally Deficient
- Neither

## III. Examiner's Assessment and Opinions Regarding Competency to Proceed

*Legal Standard -- Rule 20.01, subd. 2:*

*Defendant is incompetent and must not plead, be tried, or be sentenced if the defendant lacks ability to:*

- a) Rationally consult with counsel; or*
- b) Understand the proceedings or participate in the defense due to mental illness or deficiency.*

### 1. Factual Basis for Reasoning and Determining if Legal Standard for Competency is Met

a) Does the Defendant have the mental capacity to rationally consult with an attorney?

- Yes
- No

State your opinion about the relationship between the defendant's mental illness or deficiency and his or her capacity to rationally consult with an attorney:

State the specific facts that support your opinion:

b) Does the Defendant have the mental capacity to fundamentally understand the nature of the adversarial legal proceedings?

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- Yes
- No

**State your opinion about the relationship between the defendant's mental illness or deficiency and his or her capacity to understand the proceedings or participate in defense:**

**State the specific facts that support your opinion:**

## 2. Opinion Regarding Likelihood of Physical Harm to Self or Others

**a) If defendant is mentally ill or deficient, does Defendant present an imminent risk of serious danger to others?**

- Yes
- No
- Unable to provide a definitive answer

**State the specific facts that you relied upon to reach your conclusions:**

**b) Is the Defendant imminently suicidal or otherwise in need of emergency intervention?**

- Yes
- No
- Unable to provide a definitive answer

**State the specific facts that you relied upon to reach your conclusions:**

## 3. Treatment Recommendations

**a) Examiner's Recommendation:** (Include availability of area treatment programs, type of treatment, and explanation of appropriate treatment alternatives by order of preference.)

## 4. Prognosis of Defendant Regaining Competency (if ordered by the Court)

**a) Prognosis of Defendant regaining competency:** (If applicable, include estimated time required for Defendant to attain competency.)

## 5. Other

**Examiner:** \_\_\_\_\_  
(Examiner's Signature)

**Date:** \_\_\_\_\_  
(Date Report Completed)

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_