UNITED STATES MARSHALS SERVICE

DEFENSE ATTORNEY PSYCHOLOGICAL EVALUATION NOTIFICATION

Defendant Name:

Defense Attorney Name:

Evaluator's Name & Title:

Address: Telephone No:

Evaluation to be done at the Jail.

Date and Time of Evaluation:

It is understood that this evaluation is being conducted for purposes under 18 U.S.C. Sections 4241 through 4142, and Hospitalization of Persons Suffering from Mental Disease or Defect under 18 U.S.C. Sections 4243 through 4247.

This evaluation will be conducted at the scheduled jail, time and date at no cost to the U.S. Marshals Service.

All information given will be held in confidence and will not be disseminated to any other party.

Defense Attorney Signature: _____ Date: _____

Concurrence by USMS: _____ Date: _____

Faxed to:
Jail Name:
Date and Time:

Send Completed Form to: Supervisory Deputy David A. Meyer
Fax # (208) 334-9383

If there are any questions, call: (208) 334-1298