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12th JUDICIAL CIRCUIT CLERK
WILL COUNTY, ILLINOIS

ATTENTION

The Defense Attorney is directed to immediately hand deliver the Order to the **Office of the Chief Judge** upon entry of Order. The Office of the Chief Judge will notify the Mental Health Unit of Will County Court Services of this Order.

Name: _____

Address: _____

City/State/Zip: _____

Phone: (_____) _____

Case #: _____

Highest Offense: _____

Class of Highest Offense: _____

Sentencing Range: _____

Criminal History: _____

Probation Eligible: ☐ Yes ☐ No

Judge/Courtroom: _____

Assistant State's Attorney: _____

☐ Fitness ☐ Sanity

Document Checklist:

☐ State Discovery Tendered ___/___/___

☐ Waiver of Records Signed

☐ Medical Information of Defendant Tendered

In Custody: ☐ Yes ☐ No

Date of Birth: _____/_____/_____
Month Day Year

Interpreter Needed: ☐ Yes ☐ No

Applicable Language: _____

With this Fitness/Sanity Order, any necessary use of Court Appointed Language Interpreter to aid assigned mental health professional in completion of evaluation is approved

Defense Attorney: _____

Defense Attorney's Office Address: _____

Phone: (_____) _____ Fax: (_____) _____

_____
Defendant's Signature

Entered: _____
Judge

_____
Date

☐ Original – Chief Judge's Office ☐ Copy – Circuit Clerk ☐ Copy - Defendant

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Medical Information of the Defendant

Mental Health/Medical

Psychiatric Diagnosis:_____

Psychiatrist:_____ **Address:**_____

City:_____ **State:**_____**Telephone Number:**_____

Psychologist/ Other Clinician_____**Address:**_____

City:_____ **State:**_____**Telephone Number:**_____

Medication/Dosage_____

Medication/Dosage_____

Medication/Dosage_____

Medication/Dosage_____

Have you ever been hospitalized for psychiatric reasons? ☐ **Yes** ☐ **No**

Where:_____**Dates:**_____

Where:_____**Dates:**_____

Where:_____**Dates:**_____

Medical Issues ☐ **Yes** ☐ **No** **Diagnosis**_____

Medication/Dosage _____

Medication/Dosage _____

Signature:_____ **Date:**_____

Attorney Signature_____**Date:**_____