

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: _____

Defense Attorney: _____

Defense Attorney's Office Address: _____

Phone: (____) _____

Fax: (____) _____

Defendant's Signature

Entered: _____
Judge

Date

<input type="checkbox"/> Fitness	<input type="checkbox"/> Sanity
Document Checklist:	
<input type="checkbox"/> State Discovery Tendered ___/___/___	
<input type="checkbox"/> Waiver of Records Signed	
<input type="checkbox"/> Medical Information of Defendant Tendered	

In Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth: ___/___/___ Month Day Year
Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> 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

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: _____