Canada Province of Nova Scotia

**IN THE COURT**

**His Majesty the King v.**

NS Form 51/48

NSY Form 119

Revised 08/14

Order #

*(Name and I.D. number of accused/young person)*

**ASSESSMENT ORDER**

(Sections 672.13 C.C. and 141 YCJA)

Approved:

*Judge*

*D/M/Y*

**BEFORE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

*(name)*

**WHEREAS** I have reasonable grounds to believe that evidence of the mental condition of

of

(name of accused/young person) (address)

who has been charged with the following offence(s):

**Case No(s). and Brief Description of Offence(s) Section Date of Offence(s) Place**

may be necessary to determine:\*

□ whether the accused/young person is unfit to stand trial

□ whether the accused/young person suffered from a mental disorder so as to exempt the accused/young person from criminal responsibility by virtue of subsection 16(1) of the ***Criminal Code*** at the time of the act or omission charged against the accused/young person

□ whether the accused/young person is a dangerous mentally disordered accused/young person under section 672.65 of the ***Criminal***

***Code***

□ whether the balance of the mind of the accused/young person was disturbed at the time of commission of the alleged offence(s), where

the accused/young person is a female person charged with an offence arising out of the death of her newly-born child

□ where a verdict of unfit to stand trial or a verdict of not criminally responsible on account of mental disorder has been rendered in respect of the accused/young person, the appropriate disposition to be made in respect of the accused/young person pursuant to section 672.54 or 672.58 of the ***Criminal Code***

**I ORDER** an assessment of the mental condition of the accused/young person be conducted

□ by

□ at the East Coast Forensic Psychiatric Hospital. *(Adult)*

□ at the Isaak Walton Killam Hospital. *(Youth)*

□ Attached as Schedule A is a brief statement of my reasons for making this order.

This order is to be in force until and until then the accused/young person is to be\* *(date)*

□ out of custody, on the following conditions:

□ in custody at a □ *Hospital designated by the Minister of Health for Nova Scotia pursuant to s.672.1 C.C.*

□ Provincial Correction Institution

□ Youth Custody Facility

**I ORDER** that a written assessment report be filed with the Court Clerk at , Nova Scotia, no later than

, 20 .

**DATED** at , Nova Scotia, on , 20 .

\*Check applicable option.

***Distribution:*** *Court*

*Accused/Young Person*

*Prosecutor Defense Counsel Hospital/Institution/Facility*

□ *East Coast Forensic Psychiatric Hospital, Fax 460-7343*

□ *Youth Forensic Service*

*Judge, Justice of the Peace*