



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Court Address Case No. _____

STATE OF MARYLAND

vs. Defendant _____ DOB _____

Address _____

City, State, Zip _____ Telephone _____

**ORDER FOR OUT-PATIENT EVALUATION FOR DRUG OR ALCOHOL TREATMENT
(Health General § 8-505)**

It appears to the Court the Defendant has an alcohol or drug abuse problem or the Defendant alleges an alcohol or drug dependency. It is, therefore, this _____ day of _____, _____, _____
Month Year

ORDERED, the Defendant shall be:

released on recognizance _____

released upon posting bond in the amount of \$ _____ and,

IT IS FURTHER ORDERED, the Maryland Department of Health or its designee evaluate the Defendant on an out-patient basis on _____ at _____ a.m. p.m.
at _____

at a date and location to be set by the Department or its designee to determine whether the Defendant is in need of or may benefit from treatment;

IT IS FURTHER ORDERED, in the event the Defendant does not appear for evaluation when notified to do so, the treatment facility, the Department, or its designee shall notify the Court as soon as reasonably possible and;

IT IS FURTHER ORDERED, the Department shall send a complete report of its findings to the Court, the Justice Services/Office of Forensic Services, the State's Attorney, _____, and Defense Counsel, _____, or the Defendant within seven (7) days of this Order unless for good cause shown the Court extends the time for examination.

IT IS FURTHER ORDERED, if the evaluator recommends treatment, the evaluator's report shall name a specific program able to immediately provide the treatment and give an actual or estimated date when the program can begin treatment of the Defendant.

_____ Date _____ Judge _____ ID Number _____

Send to: Justice Services/Office of Forensic Services
Phone: 410-724-3235
FAX: 410-724-3239