

**Figure 1**  
**Reality Confusion**

<u>Signs</u>	<u>Scientific Name</u>
Reports hallucinations Hearing voices "Seeing things" (people, objects, unformed images such as flashes of light) Smelling things not there Tactile (feelings of being touched by someone/ something not there) Gustatory (false perception of taste)	Hallucinations
Misperceives harmless image as being threatening	Illusions
Irrational fears, i.e., leaving his cell, heights, spiders, snakes	Phobias
Seems confused about people or surroundings	Disorientation
Consistent false beliefs, i.e., Lawyers out to get him Guard/another person in love with him Food being poisoned Being controlled by outside forces Others are talking about him	Delusions

Reprinted from Deana Dorman Logan, *Learning to Observe Signs of Mental Impairment*, CALIFORNIA ATTORNEYS FOR CRIMINAL JUSTICE: FORUM, Vol. 19, No. 5-6, 1992.

**Figure 2**  
**Speech and Language**

<u>Signs</u>	<u>Scientific Name</u>
<b><u>Nonsensical Speech</u></b>	
Speech which is incoherent at times	Word salad; incoherence
Use of new word formations (not slang) Use of "non-words"	Neologisms
Use of non-sequiturs Conclusions based on faulty premises	Illogicality
<b><u>Half Answers</u></b>	
Brief, unelaborated answers to questions Monosyllabic answers to questions	Poverty of speech Poverty of thought
Language tends to be vague, repetitive, stereotyped Answers are lengthy but actual information is little Speech seems like "empty philosophizing"	Poverty of content of speech Poverty of thought
<b><u>Off Track</u></b>	
Changes subject in the middle of a sentence in response to another stimulus	Distractible speech
Answers questions in an oblique or irrelevant way	Tangentiality
Pattern of speech seems "disjointed" Ideas slip gradually off-track from one oblique thought to another	Derailment
Speech pattern which is circuitous, indirect or delayed in reaching its goal Includes many tedious details Seems "long-winded" Requires that you interrupt in order to finish business	Circumstantiality
Starts on one subject, then wanders away and never returns	Loss of goal
Persistent, inappropriate repetition of words, ideas or subjects once the discussion begins	Perseveration
<b><u>Rapid Speech</u></b>	
Talks rapidly and is hard to interrupt Sentences left unfinished because of eagerness to move on Continues talking even when interrupted Often speaks loudly and emphatically	Pressure of speech
Talks too much and interrupts others	
<b><u>Delayed or Interrupted Speech</u></b>	
Speech is very slow	
Excessive wait before answering or responding	Psychomotor retardation
Difficulty finding right word to use	Verbal fluency
Stops in the middle of a thought and after some silence cannot remember what he was talking about Says his "mind went blank"	Blocking
<b><u>Sound-Related Problems</u></b>	
Recognizable mispronunciations Substitution of inappropriate word	Paraphasia
Slurred speech	Dysarthria
Speaks in a monotone even when discussing emotional material	Aprosody
Talks in excessively formal or stilted way Language may appear "quaint or outdated"	Stilted speech
<b><u>Other Language Problems</u></b>	
Writing is very small	Micrographia
Writing is prolific	Hypergraphia
Has trouble reading	Dyslexia
Spells poorly	

**Figure 3**

**Memory and Attention**

<b><u>Signs</u></b>	<b><u>Scientific Name</u></b>
Has trouble remembering childhood data	Amnesia: remote memory
Has trouble recalling things that happened in past few months	Amnesia: recent past memory
Has trouble remembering things in last few days	Amnesia: recent memory
Has trouble recalling events surrounding crime or trial	
Has trouble remembering people's names	
Reports "memories" which do not correspond to documentation Seems to "fill in" details of faulty memory	Confabulation
Sometimes appears to be "lying" about events in his life or events surrounding crime	
Has extraordinary ability to recall	Hypemnesia
Problems concentrating Attention drawn to irrelevant or unimportant stimuli Loses train of thought	Distractability; limited attention span
Problems with attention and concentration on emotionally-charged issues	Selective inattention

**Figure 4**  
**Medical Complaints**

<u>Signs</u>	<u>Scientific Name</u>
Exaggerated concern over health	Hypochondria
Self-wounds or wounds suspicious in origin	Self-Mutilation
"Accidents"	
Difficulty falling asleep Difficulty staying asleep	Insomnia
Excessive sleeping	Hypersomnia
Change in eating habits	
Loss or decrease in appetite	Anorexia
Blurred vision	
Need to squint or move closer when reading	
Hearing problems	
Ringing in ears	Tinnitus
Headaches	
Dizziness	Syncope
Nausea	
Excessive tiredness	

**Figure 5**  
**Emotional Tone**

<u>Signs</u>	<u>Scientific Name</u>
Worry, fear, overconcern for present or future	Anxiety
Mistrust, belief others harbor malicious or discriminatory intent	Suspiciousness
Sorrow, sadness, despondency, pessimism	Depressive mood
Irritability, belligerence, disdain for others, defiance	Hostility, irritability
Impatience	
Extreme, heightened emotions	Excitement
Flatness in emotional tone, near absence of emotional expression	Blunted affect, Flat affect
Sudden changes in mood which are disproportionate to situation	Emotional lability
Inappropriate laughter	

**Figure 6**  
**Personal Insight and Problem Solving**

<u>Signs</u>	<u>Scientific Name</u>
Low self-esteem	
Exaggerated self-opinion	
Overrates level of ability	
Unrealistic goals; failure to take disabilities into account	
Denial of mental problems	Anosognosia
Difficulty planning ahead	
Poorly organized	
Difficulty thinking as quickly as needed	
Difficulty changing a plan or activity when necessary	
Difficulty in accurately predicting consequences	
Easily frustrated	
Impaired ability to learn from mistakes	

Figure 7

Physical Activity

Signs

Restlessness  
Fidgety  
Kicks leg often/moves arms around alot  
Overly talkative

Scientific Name

Agitation

Unusually quick reactions

Hyper-alert to what is happening in visiting room; constantly looking around, checking behind himself

Hypervigilance

Slow movement, slow speech

Psychomotor retardation

Slow reaction in movements or while answering questions

Balance problems

Clumsiness, poor coordination

Tense posture and/or facial expression

Figure 8

Interactions with Others

Signs

Unresponsive family  
No regular visitors or letters from others

Scientific Name

Social isolation  
Feelings of detachment or estrangement

No participation in yard activities

Socially withdrawn

Discontinuation of yard activities

Markedly diminished interest in significant activities

Lack of social greetings to fellow inmates in visiting room

Social isolation  
Unpopular

Awkward or inappropriate interactions with others in visiting room

Difficulty perceiving social cues

Willingness to "go along with" or cooperate in almost any way

Suggestibility

Deficiency in relating to others; lack of spontaneous interaction

Emotional withdrawal

Socially inappropriate comments and/or actions (including sexual or aggressive)

Disinhibition

Trouble understanding that some of his behavior is inappropriate

## COMPETENCY TO STAND TRIAL ASSESSMENT INSTRUMENT

	<i>Degree of Incapacity</i>					
	<i>Total</i>	<i>Severe</i>	<i>Moderate</i>	<i>Mild</i>	<i>None</i>	<i>Unratable</i>
1. Appraisal of available legal defenses	1	2	3	4	5	6
2. Unmanageable behavior	1	2	3	4	5	6
3. Quality of relating to attorney	1	2	3	4	5	6
4. Planning of legal strategy, including guilty plea to lesser charges where pertinent	1	2	3	4	5	6
5. Appraisal of role of:	1	2	3	4	5	6
a. Defense counsel	1	2	3	4	5	6
b. Prosecuting attorney	1	2	3	4	5	6
c. Judge	1	2	3	4	5	6
d. Jury	1	2	3	4	5	6
e. Defendant	1	2	3	4	5	6
f. Witnesses	1	2	3	4	5	6
6. Understanding of court procedure	1	2	3	4	5	6
7. Appreciation of charges	1	2	3	4	5	6
8. Appreciation of range and nature of possible penalties	1	2	3	4	5	6
9. Appraisal of likely outcome	1	2	3	4	5	6
10. Capacity to disclose to attorney available pertinent facts surrounding the offense including the defendant's movements, timing, mental state, actions at the time of the offense	1	2	3	4	5	6
11. Capacity to realistically challenge prosecution witnesses	1	2	3	4	5	6
12. Capacity to testify relevantly	1	2	3	4	5	6
13. Self-defeating v. self-serving motivation (legal sense)	1	2	3	4	5	6

Examinee \_\_\_\_\_ Examiner \_\_\_\_\_

Date \_\_\_\_\_

Reprinted from LABORATORY OF COMMUNITY PSYCHIATRY, HARVARD MEDICAL SCHOOL, COMPETENCY TO STAND TRIAL AND MENTAL ILLNESS (National Institute of Mental Health, 1973).



**STATE OF NORTH CAROLINA**

File No.

\_\_\_\_\_ County

In The General Court Of Justice  
 District  Superior Court Division

**STATE VERSUS**

Defendant

**MOTION AND ORDER  
 APPOINTING LOCAL CERTIFIED  
 FORENSIC EXAMINER**

G.S. 15A-1002

Offense

**MOTION QUESTIONING DEFENDANT'S CAPACITY TO PROCEED**

The undersigned moves that the aboved named defendant be examined to determine whether by reason of mental illness or defect he is unable to understand the nature and object of the proceedings against him, to comprehend his own situation in reference to the proceedings, and to assist in his defense in a rational or reasonable manner. The specific conduct that leads the moving party to question the defendant's capacity to proceed is as follows:

Date

Signature

Defendant's Attorney

Prosecutor  Defendant's Attorney  Defendant  
 Judge

Address

District Attorney's Office Address

City, State, Zip

City, State, Zip

Telephone No.

Telephone No.

**CERTIFICATE OF SERVICE BY MOVING PARTY**

I certify that a copy of this motion was served by:

- delivering a copy personally to the
  - defendant's attorney  prosecutor  defendant
- depositing a copy, enclosed in a postpaid properly addressed wrapper, in a post office or official depository under the exclusive care and custody of the U.S. Postal Service directed to the
  - defendant's attorney  prosecutor  defendant
- leaving a copy at the office of the
  - defendant's attorney with an associate or employee  prosecutor with an associate or employee

Name And Title Of Person With Whom Copy Left

Service accepted by:  defendant's attorney  prosecutor  defendant

Signature Of Person Accepting Service

Date Served

AOC-CR -207  
 Rev. 11/85

Signature Of Person Serving

Title

Original-File      Copy-Opposing Party      Copy-Sheriff

## ORDER APPOINTING LOCAL CERTIFIED FORENSIC EXAMINER

A motion questioning the defendant's capacity to proceed having been made and considered, the Court finds that the defendant's capacity to proceed is in question. The Court Orders that:

1. One or more Forensic Screening Examiners of the Mental Health Center named below, certified by the North Carolina Forensic Services, shall screen the defendant within seven days after receiving this order and determine the questions set forth in the motion.
2. The Area Director of the Mental Health Center shall cause a written report of findings and recommendations to be submitted to the Court.
3. If the screening examination reveals a need for evaluation by a medical expert which can be done at the local mental health center, the examiner shall arrange for this evaluation and notify the Clerk of Superior Court in writing. The medical expert's evaluation summary shall be transmitted to the Court in the manner described later in this order. If the screening examination reveals that the evaluation by medical experts at Dorothea Dix Hospital Forensic Unit is needed, the examiner shall notify the Court immediately.
4. The report required by items 2 and 3 of this report shall be transmitted to the Court in the following manner:
  - (a) A brief covering statement (containing only the facts of the examination and any conclusions) shall be prepared in duplicate and enclosed in an envelope addressed to the Clerk of Superior Court of this County.
  - (b) Three copies of the complete report shall be prepared. Two copies are to be enclosed in a separate sealed envelope addressed to the attention of the undersigned judge and marked "Confidential," one copy is to be forwarded to defense counsel, or to the defendant, if he is not represented by counsel.
  - (c) The envelope containing the covering statement and the sealed envelope addressed to the judge shall be enclosed in a larger envelope which shall be addressed to the Clerk of Superior Court of this County. All envelopes shall show the file number of the case.
  - (d) The Clerk shall open and file the covering statement with the Court file. The complete report shall be retained unopened in the envelope addressed to the undersigned judge until requested by the Court.
5. The Clerk of Superior Court shall immediately advise the Mental Health Center named below of the entry of this order and shall provide them with a copy. The Clerk shall transmit an additional copy to the jailer of this County if the defendant is confined.
6. The Sheriff is Ordered to transport the defendant to the Mental Health Center named below and return him afterwards.

<i>Name of Mental Health Center</i>	<i>Date</i>
	<i>Signature of Judge</i>
	<i>Name of Judge (Print or Type)</i>
<b>RETURN OF SERVICE</b>	
I certify that this Order was received and served as follows:	
<input type="checkbox"/> By transporting the defendant to the Mental Health Center <input type="checkbox"/> Other (specify)	
<i>Date Served</i>	<i>Name Of Sheriff</i>
<i>Date Received</i>	<i>Deputy Sheriff Making Return</i>
<i>Date Of Return</i>	<i>County</i>

AOC-CR-207, Side Two  
Rev. 11/85

**STATE OF NORTH CAROLINA**

File No.

\_\_\_\_\_ County

In The General Court Of Justice  
 District  Superior Court Division

Name Of Defendant

**MOTION AND ORDER  
 COMMITTING DEFENDANT  
 TO DOROTHEA DIX  
 FOR EXAMINATION ON  
 CAPACITY TO PROCEED**

G.S. 15A-1002

Offense

**NOTE:** A person charged with a misdemeanor must have a local examination before an examination at Dorothea Dix Hospital may be ordered. In felony cases, a local examination must be ordered before an examination at Dorothea Dix Hospital if the court finds that a local impartial medical expert or forensic evaluator approved under the Rules of the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services is available and appropriate. To order a local examination, use form AOC-CR-207.

**MOTION QUESTIONING DEFENDANT'S CAPACITY TO PROCEED**

The undersigned moves that the above named defendant be examined to determine whether by reason of mental illness or defect the defendant is unable to understand the nature and object of the proceedings against the defendant, to comprehend his/her own situation in reference to the proceedings, and to assist in his/her defense in a rational or reasonable manner. The specific conduct that leads the moving party to question the defendant's capacity to proceed is as follows:

Date

Signature

Prosecutor  Defendant's Attorney  
 Judge

**CERTIFICATE OF SERVICE BY MOVING PARTY**

I certify that a copy of this Motion was served by:

- delivering a copy personally to the
  - defendant's attorney.  prosecutor.  defendant.
- depositing a copy, enclosed in a postpaid properly addressed wrapper, in a post office or official depository under the exclusive care and custody of the U. S. Postal Service directed to the
  - defendant's attorney.  prosecutor.  defendant.
- leaving a copy at the office of the
  - defendant's attorney with an associate or employee.  prosecutor with an associate or employee.

Name And Title Of Person With Whom Copy Left

- Service accepted by:
  - defendant's attorney.  prosecutor.  defendant.

Signature Of Person Accepting Service

Date Served

Signature Of Person Serving

Title

AOC-CR-208, Rev. 10/97  
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Original - File    Copy - Hospital    Copy - Moving Party    Copy - Opposing Party  
 (Over)

**FINDINGS**

This cause was heard before the undersigned judge upon the motion of the person named on the reverse questioning the defendant's capacity to proceed. Having considered the motion, and after hearing evidence, the Court finds that:

- 1. The defendant's capacity to proceed
    - is in question.  is not in question.
  - 2 The defendant is charged with
    - a. a misdemeanor.  b. a felony.
  - 3. The defendant has been examined in connection with the current charges by one or more local impartial medical experts or forensic evaluators approved under the rules of the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services.
- (NOTE: A person charged with a misdemeanor must have a local examination before an examination at a state facility may be ordered)
- 4. An examination of the defendant at Dorothea Dix Hospital to determine the defendant's capacity, would be more appropriate under the provisions of G.S. 15A-1002(b)(2), than a local evaluation.

**ORDER**

It is ORDERED that

- 1. the defendant be committed to Dorothea Dix Hospital for a period not to exceed sixty (60) days for observation and treatment, pursuant to G.S. 15A-1002, to determine the defendant's capacity to proceed. The Director of Dorothea Dix Hospital must direct a written report describing the present state of the defendant's mental health to the defense attorney and to the Clerk of Superior Court for the above referenced county. The sheriff of this county shall transfer the defendant to Dorothea Dix Hospital and shall return the defendant to this county when notified that the evaluation has been completed.
- 2. the motion is denied as the defendant's capacity to proceed is not in question.

Name And Address Of Defendant's Attorney

Date

Signature Of Presiding Judge

Telephone No.

Name Of Presiding Judge (Type Or Print)

**RETURN OF SERVICE**

I certify that this Order was received and served as follows:

- By transporting the defendant to Dorothea Dix Hospital.
- Other: *(specify)*

Date Served

Signature

Date Received

Date Of Return

Name Of Sheriff

County Of Sheriff

Deputy Sheriff Making Return

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STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Name And Address Of Respondent

INVOLUNTARY COMMITMENT
CUSTODY ORDER
DEFENDANT FOUND
INCAPABLE TO PROCEED

G.S. 15A-1003, -1004; 122C-261, -262, -263

FINDINGS

The respondent has been charged in File No. with a criminal offense in the above named county and has been found incapable of proceeding to trial under G.S. 15A-1002.

Based on the evidence presented, the Court finds that there are reasonable grounds to believe that the respondent is probably mentally ill and either dangerous to self or others or in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness in that (insert appropriate findings)

In addition, the Court finds that the respondent

1. is probably mentally retarded, in that (insert appropriate findings)

2. is charged with a violent crime in violation of G.S., in that (insert appropriate findings)

Notice To 24-hour Facility:

Criminal charges are still pending against the respondent. You must report to the Clerk in the above named county the condition of the defendant-respondent and the likelihood of the defendant's gaining capacity to proceed at the time of each commitment rehearing. You must also report if the defendant-respondent regains capacity to proceed or if the defendant-respondent is released. If the defendant-respondent is released, he/she must be released to the law enforcement agency named below.

Name Of Law Enforcement Agency

CUSTODY ORDER

To The Sheriff Of County:

The Court ORDERS you to take the above named respondent into custody and transport the respondent:

1. to a local physician or eligible psychologist for examination. (Use when not charged with a violent crime.)

2. directly to the 24-hour facility named below for temporary custody, examination and treatment pending a district court hearing. (Use when charged with a violent crime.)

Name And Address Of 24-Hour Facility

Date

Signature Of Judge

Or following facility designated by area authority:

Name Of Judge (Type Or Print)

NOTE: Use AOC-SP-910M for involuntary commitment if defendant found not guilty by reason of insanity.

AOC-SP-304, Rev. 1/97

(Over)

**RETURN OF SERVICE**

I certify that this Order was received and served as follows:

<i>Date Respondent Taken Into Custody</i>	<i>Time</i>	<input type="checkbox"/> AM	<input type="checkbox"/> PM	
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**FOR RESPONDENT NOT CHARGED WITH VIOLENT CRIME**

- 1. The respondent was presented to a physician or eligible psychologist locally available as shown below.
- 2. The respondent was temporarily detained at the facility named below until the respondent could be examined by a physician or eligible psychologist locally available.

<i>Date Presented</i>	<i>Time</i>	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<i>Name Of Examiner (Physician Or Eligible Psychologist)</i>
<i>Name Of Local Facility</i>				

- 1. Upon examination, the examiner named above found that the respondent did meet the criteria for outpatient commitment. I returned the respondent to his/her regular residence or to the home of a consenting person.
- 2. Upon examination, the examiner named above found that the respondent did meet the criteria for inpatient commitment.
  - I transported the respondent and placed the respondent in the temporary custody of the 24-hour facility named below for observation and treatment.
  - I placed the respondent in the custody of the agency named below for transportation to the 24-hour facility.
- 3. Upon examination, the examiner named above found that the respondent did not meet the criteria for inpatient or outpatient commitment. I returned the respondent to his/her regular residence or the home of a consenting person.

The examiner's written statement  is attached.  will be forwarded.

<i>Name Of 24-Hour Facility</i>	<i>Date Delivered</i>	<i>Time Delivered</i>	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<i>Date Of Return</i>
<i>Name Of Transporting Agency</i>			<i>Signature Of Law Enforcement Official</i>		

**FOR RESPONDENT CHARGED WITH VIOLENT CRIME**

I transported the respondent directly to and placed him/her in the temporary custody of the facility named below.

<i>Name Of 24-Hour Facility</i>	<i>Date Delivered</i>	<i>Time</i>	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<i>Date Of Return</i>
<i>Name Of Transporting Agency</i>			<i>Signature Of Law Enforcement Official</i>		

**FOR USE WHEN ANOTHER AGENCY TRANSPORTS THE RESPONDENT**

I took custody of the respondent from the officer named above, transported the respondent and placed him/her in the temporary custody of the facility named below for observation and treatment.

<i>Name Of 24-Hour Facility</i>	<i>Date Delivered</i>	<i>Time</i>	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<i>Date Of Return</i>
<i>Name Of Transporting Agency</i>			<i>Signature And Rank Of Law Enforcement Official</i>		

**WHEN STATE FACILITY TRANSFERS WITHOUT ADMISSION**

Pursuant to G.S. 122C-261(f), I took custody of the respondent from the state 24-hour facility named above, where he/she was not admitted, and transported the respondent and placed him/her in the temporary custody of the facility named below for observation and treatment.

<i>Name Of Facility To Which Transferred</i>	<i>Date Delivered</i>	<i>Time Delivered</i>	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<i>Date Of Return</i>
<i>Name Of Transporting Agency</i>			<i>Signature Of Law Enforcement Or State Facility Official</i>		