

**Petition for 30 Day Examination
and Observation Pursuant to
G.L. c. 123, § 18(a)**

CRIMINAL DOCKET NO. *(if any)*
MENTAL HEALTH DOCKET NO. *(if any)*

MASSACHUSETTS TRIAL COURT



IN THE MATTER OF	DOB	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN	COURT DIVISION
PETITIONER	TITLE		FACILITY	

The Petitioner respectfully represents that the he/she is a physician or psychologist qualified by the Department of Mental Health to perform psychiatric examinations of prisoners. The Petitioner has examined the Respondent, a prisoner at said institution, pursuant to a request made by:

_____ person in charge of place of detention _____ title _____ name of place of detention

A report on the mental condition of said prisoner is attached. The prisoner is currently:

a pretrial defendant charged with _____

list charges and docket numbers

(This petition to be filed in court of criminal jurisdiction.)

OR

serving sentence which expires on _____ date sentence expires

(This petition to be filed in court with jurisdiction over place of detention.)

I believe the prisoner should be committed to _____ facility, for a period not to exceed **30 days** for observation, for the following reasons:

Therefore, I request the Court order such commitment.

Date	Signature	Print Name	Title
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Please attach report from place of detention.