



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 _____

COMMITMENT TO THE MARYLAND DEPARTMENT OF HEALTH FOR IN-CUSTODY EVALUATION FOR DRUG OR ALCOHOL TREATMENT (Health General § 8-505)

It appears to the Court that 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, that:

- the Defendant be confined at _____ and held without bail;
- for the health and safety of the Defendant, the Defendant shall be held in a medical wing or other isolated and secure unit of the detention center;
- because of the apparent severity of the alcohol or drug dependency or other medical or psychiatric complications, the Court has found that the Defendant would be endangered by confinement in a jail. The Maryland Department of Health shall either place the Defendant, pending examination in an appropriate health care facility, or immediately conduct an evaluation of the Defendant. Unless the Department retains the Defendant, the Defendant shall be returned promptly to the Court after examination.

Name of local detention center or DOC

IT IS FURTHER ORDERED, that the Defendant be seen for evaluation on _____
at _____; or _____ at a date to be determined by the Justice Services/Office of Forensic Services and shall be returned to Court on _____ unless for good cause the Court extends the time for evaluation. The Department shall send a complete report of the findings to the Court, the State's Attorney _____, and to Defense Counsel _____, or the Defendant _____ within seven (7) days of this Order unless the Court for good cause shown subsequently extends the time.

Date

Time

Date

Full Name

Full Name

IT IS FURTHER ORDERED, that _____ shall transport the Defendant _____ pursuant to a writ issued by the Court or _____ when notified by the Department to do so and at Department's direction shall return the Defendant to Court.

Name of transporting agency

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

Date
Send to: Justice Services/Office of Forensic Services
Phone: 410-724-3235
FAX: 410-724-3239
Division of Corrections, or _____

Judge ID Number

Phone: _____
Local Detention Center
Court file