UNITED STATES MARSHALS SERVICE

DEFENSE ATTORNEY PSYCHOLOGICAL EVALUATION NOTIFICATION

Defendant Name:	
Defense Attorney Name:	
Evaluator's Name & Title:	
Address:	Telephone No:
Evaluation to be done at the	Jail.
Date and Time of Evaluation:	
It is understood that this evaluation is being conducted for purposes under 18 U.S.C. Sections 4241 through 4142, and Hospitalization of Persons Suffering from Mental Disease or Defect under 18 U.S.C. Sections 4243 through 4247.	
This evaluation will be conducted U.S. Marshals Service.	d at the scheduled jail, time and date at no cost to the
All information given will be held in confidence and will not be disseminated to any other party.	
Defense Attorney Signature:	Date:
Concurrence by USMS:	Date:
Faxed to: Jail Name: Date and Time:	
Send Completed Form to:	Supervisory Deputy Travis Humkey Fax # (208) 334-9383
If there are any questions call:	(208) 334-1275