



KAY IVEY
GOVERNOR

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410
WWW.MH.ALABAMA.GOV



LYNN T. BESHEAR
COMMISSIONER

[Date]

[District Attorney]

District Attorney's Office – [#] Judicial Circuit

[Address]

[City, State, Zip]

Defendant: [Name]

Case Number: [Case Number]

Dear Mr./Ms. [Attorney's Last Name]:

A Circuit Court order has been received on the above-named defendant for evaluation by a Certified Forensic Examiner of the Alabama Department of Mental Health. In conducting this evaluation, it is important that the examiner have accurate and detailed information about the pending charges, including specific information about the events leading to the arrest, crime scenario, victim/witness statements, and statements made by the defendant.

Therefore, the following information is being requested from the case's discovery file: the Alabama Uniform Offense and Arrest Report, investigative reports, written statements of victims/witnesses/defendant/co-defendants, an arrest record, the Miranda warning, and any other information that might assist us with the evaluation. We cannot proceed with the scheduling of this evaluation until the information is received. These documents, along with information received from defense counsel, family members and the defendant will be taken into consideration by the Certified Forensic Examiner.

Please forward the requested information (as well as any records that you may already have on this case) within **fourteen (14) business days** so that we can respond to the order of the Court. We greatly appreciate your time and cooperation in preparing this information. As it is critical for a thorough assessment, this information will be needed prior to conducting this evaluation. Upon completion of the evaluation, the information you have provided will be maintained in a secure file to be used as needed for any future treatment or evaluation services. Should you wish this information to be handled in another manner, please advise.

Should you have any questions, please do not hesitate to contact me.

Respectfully,

Alethea Pittman

Alethea Pittman, JD, MPA
Administrator VI – Forensic Outpatient Services
Alabama Department of Mental Health
Mental Illness & Substance Abuse Services Division
100 North Union Street, Suite 420
Montgomery, AL 36130-1410
fop.dmh@mh.alabama.gov
Phone: 334-242-3732

Enclosures: District Attorney Discovery Case File Information

DISTRICT ATTORNEY CASE DISCOVERY FILE INFORMATION

Review the information requested below and forward to the Forensic Outpatient Program within (14) business days from the date of correspondence at:

fop.dmh@mh.alabama.gov

- I. Alabama Uniform Offense and Arrest Report
- II. Investigative Reports
- III. Written Statements
 - Victims
 - Witnesses
 - Defendant
 - Co-Defendants
- IV. Defendant's Arrest Record
- V. Miranda Warning (audio/video recording if available)
- VI. Accurate and detailed information about the following:
 - Pending Charges
 - Specific information about the events leading to arrest
 - Crime Scenario
- VII. Other information that would potentially assist with the evaluation

Should you have any questions, please contact Alethea Pittman, Administrator VI-Forensic Outpatient Services, at (334) 242-3732 (office) and/or fop.dmh@mh.alabama.gov. You may also contact Tangela Jeffers, ASA III, at (334) 242-3208 and/or tangela.jeffers@mh.alabama.gov.