



U.S. Department of Justice

Federal Bureau of Prisons

Federal Correctional Institution

P.O. Box 1600
Butner, NC 27509-1000

Notice of Psychological Evaluation

I, _____, understand that I am the subject of a psychological evaluation to be conducted by forensic psychology services staff to determine the existence of a diagnosis and perform a risk assessment prior to my release.

I understand that the forensic psychologist named below will perform this evaluation, and will conduct it in an impartial and objective manner.

I understand that this evaluation may be considered by the Bureau of Prisons when reviewing my case for possible civil commitment pursuant to Title 18 U.S.C. § 4248, whereby I may be committed to a suitable facility after the expiration of my criminal sentence.

I understand that this psychological evaluation may consist of individual clinical interviews, a review of official records, contact with persons involved in my case, and psychological testing.

I understand that the results of this evaluation may be documented in a written report that may be communicated to the Court, my legal counsel, and counsel for the Government. It is possible that this information may be revealed in open court proceedings.

I understand that I may agree to participate or refuse to participate, in whole or in part, in the interview or testing components of this evaluation, and that the evaluation will be completed whether or not I choose to participate in the evaluation process.

Examinee Name (printed & signed)

BOP Register Number

M. Lela Deming

Evaluator Name (printed & signed)

12/11/07

Date