



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;
Name of local detention center or DOC
- 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.

IT IS FURTHER ORDERED, that the Defendant be seen for evaluation on _____
Date
at _____; or at a date to be determined by the Justice Services/Office of Forensic Services and
Time
shall be returned to Court on _____ unless for good cause the Court extends the
Date
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
Full Name Full Name
the Defendant within seven (7) days of this Order unless the Court for good cause shown subsequently extends the time.

IT IS FURTHER ORDERED, that _____
Name of transporting agency
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.

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 Judge ID Number

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

Phone: _____
Local Detention Center
Court file