IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY

_____,	:	
PLAINTIFF	:	FAMILY COURT DIVISION
	:	
vs.	:	CIVIL ACTION
	:	
_____,	:	
DEFENDANT	:	D.R. NO.
	:	

MOTION FOR MENTAL HEALTH ASSESSMENT

1. Petitioner (name) _____
   is **plaintiff or defendant** (circle one) in the custody complaint,
   and resides at (street, city, state, zip) _____
   _____

2. Respondent (name) _____
   is **plaintiff or defendant** (circle one) in the custody complaint,
   and resides at (street, city, state, zip) _____
   _____

3. Petitioner's relationship to the following minor child(ren) is _____

   LIST FULL NAME(S) AND DOB(S) OF CHILD(REN).

_____
_____
_____

4. Respondent's relationship to the child(ren) is _____

5. Petitioner requests a mental health assessment of (name)_____ for the following reason(s):

a. _____
_____
_____

b. _____
_____
_____

c. _____
_____
_____

WHEREFORE, petitioner respectfully requests that the Court order a Mental Health Assessment of respondent be performed before the next hearing so that the report will be available to both parties and the presiding Judge.

Date: _____ _____
Petitioner

I verify that the statements made in this petition are true and correct. I understand that false statements herein are made subject to the penalties of PA.C.S. § 4904 relating to unsworn falsification to authorities.

Date:_____ _____
Petitioner