

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

**In the Matter of:**

**Case No.** \_\_\_\_\_

**ADULT RESPONDENTS:**

**NAMES OF ADULTS (biological mother)**

**NAMES OF ADULTS (biological father)**

**NAME of ANY OTHER ADULT INVOLVED**

**ORDER FOR FORENSIC PSYCHOLOGICAL EXAMINATION of PARENTAL FITNESS**

This court in accordance with W.Va. Code § 49-6-4, ORDERED that the Adult Respondent, \_\_\_\_\_ (Name of Adult Respondent), undergo a forensic psychological examination of factors related to **parental fitness**. The court further ORDERS that this examination be conducted by Dr. Jennifer Myers, Mountaineer Psychological Services, 4000 Coombs Farm Drive, Building D, Unit 102, Morgantown, WV 26508.

The court further ORDERS that the evaluator provide a written and signed report of the examination and findings to Child Protective Services.

The court further ORDERS that, upon receipt of an original invoice and the completed report, the West Virginia Department of Health and Human Resources' Bureau for Children and Families (BCF) shall pay Mountaineer Psychological Services the fee of \$900.00 (Nine Hundred Dollars) for this evaluation.

The Circuit Court shall provide a certified copy of this order to the West Virginia Department of Health and Human Resources, (**SPECIFIED COUNTY and ADDRESS**); Mountaineer Psychological Services, 4000 Coombs Farm Drive, Building D, Unit 102, Morgantown, WV 26508; (**NAME OF ASSISTANT PROSECUTING ATTORNEY**),

Assistant Prosecuting Attorney, Counsel for Petitioner; **(NAME OF GUARDIAN AD LITEM)**,  
Guardian ad Litem for the minor children; and **(NAME(s) OF COUNSEL FOR RESPONDENT(s))**,  
Counsel for Respondent(s).

Entered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Judge

(SEAL)

Approved by:

\_\_\_\_\_  
Assistant Prosecuting Attorney  
Address  
Telephone/Fax  
Bar ID#

\_\_\_\_\_  
Guardian Ad Litem  
Address  
Telephone/Fax  
Bar ID#

\_\_\_\_\_  
Counsel for Respondent Parent  
Address  
Telephone/Fax  
Bar ID#

\_\_\_\_\_  
Counsel for Respondent Parent  
Address  
Telephone/Fax  
Bar ID#