

**PLEASE EMAIL TO PROBATION SERVICES:**

[probation@kitsap.gov](mailto:probation@kitsap.gov)

**Kitsap County District Court  
Evaluation/Assessment Form**

**Psychosexual**     **Mental Health**

Defendant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Case Number: \_\_\_\_\_

**MENTAL HEALTH EVALUATION ONLY**

Defendant was seen for a mental health evaluation on \_\_\_\_\_.

**OR**

Defendant has been engaged in regular mental health treatment since \_\_\_\_\_.

**PSYCHOSEXUAL EVALUATION ONLY**

Defendant was seen for a psychosexual evaluation on \_\_\_\_\_.

**Recommendation:**

- Engage in mental health treatment
- Continue with mental health treatment
- Does not require mental health treatment
- Engage in sex offender treatment
- Continue with sex offender treatment
- Does not require sex offender treatment

**Treatment enrollment date:** \_\_\_\_\_

\_\_\_\_\_  
Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency