**\*\*\* All court orders for DBHDD evaluations or remediation services are centralized and should be emailed with this form and all other available records to** **JuvenileCourtServices@dbhdd.ga.gov** **or faxed to 770-293-5957.\*\*\***

 *Next Court Date:*  

**Client Information**

First Name  Middle  Last  Sex: 

DOB  Age:  Race  SSN  Last School: 

English Proficiency: 

Communication: 

Sensory Impairment: 

**Current Placement**

 *Check One*:   

 Youth is in: 

Case Worker Name  Phone #  Fax # 

Email 

**Parent / Guardian Information**

Mother’s Name  Phone #  Address 

Father’s Name  Phone #  Address 

Mother’s Email  Father’s Email 

Guardian’s Name  Relationship to Client:  Phone # 

Address  Email 

**Referral Data**

Individual Requesting Evaluation  Phone #  Referral Date 

Judge  Address:  County 

Email  Accusation/Case #:  Offense Date: 

Charges:  

Defense Attorney  Phone #  Fax # 

Email 

In addition to the court order, please provide or obtain as much of the following information as applicable and available and have Release of Information forms signed, initialed, and dated by a parent or legal guardian.

***CHECK NEXT TO THE ITEMS INCLUDED WITH THE COURT ORDER***

















**Requested Service:**

[ ]  **EVALUATION (check type):**



 The purpose of this in-depth evaluation is to aid a judge in disposition. The evaluation will generally cover the child’s background, intellectual functioning, personality functioning, diagnosis, conclusions, and recommendations.

 

Same as above, but may contain additional information relevant to placement in restrictive custody.



**Observations which led to this request:** 





Focuses on a child’s history, maturity, risk factors, and amenability to treatment.

[ ]  **COMPETENCY REMEDIATION**\*\*

Court Contact:  Phone/Cellular # 

\*\* Please attach the psychological evaluation used to adjudicate the youth as Incompetent to Proceed (if not conducted by DBHDD Forensic Services).