**\*\*\* All court orders for DBHDD evaluations or restoration services are centralized and should be emailed with this form and all other available records to** **CourtServices@dbhdd.ga.gov** **or faxed to 770-359-5238.\*\*\***

 *Next Court Date:*  

**Client Information**

First Name  Middle  Last  Sex 

DOB  Age:  Race  SSN 

English Proficiency: 

Communication: 

Sensory Impairment: 

**Current Location**

 *Check One*:  

Facility Name  Facility Address 

Facility Contact  Phone  Email 

Home Address 

County  Phone #  Email 

Alternative Contact  Relation to Client  Phone # 

**Court Information**

Court Type:  Indictment #  Offense Date 

Current Charges (also indicate Felony / Misd.) 



Criminal/legal history: 

Previous Mental Health History (attach available records if applicable)



**Judge’s Name**  County  Email 

Address  Phone #  Fax # 

**Defense Attorney**   Phone 

Address  Fax #  Email 

**Prosecutor**    Phone 

Address  Fax #  Email 

**Referral Information**

Individual Requesting Evaluation  Title 

Date of Referral  Phone #  Email # 

**Observations which led to this request**:



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 the defendant.

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

















**TYPE OF EVALUATION REQUESTED**





**Defendant’s attorney is requested to inform defendant in advance about the evaluation and ask the defendant to cooperate.**