**\*\*\* 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 

Known alias(es) or alternate name spellings 

Sex DOB  Age:  Race  SSN 

English Proficiency: 

Communication: 

Sensory Impairment: 

**Current Location**

 *Check One*:   County 

Facility Name  Facility Address 

Facility Contact  Phone  Email 

Home Address 

County  Phone #  Email 

Alternative Contact  Relation to Client  Phone # 

**Court Information** **Court Type**:  

Indictment #(s)  Offense Date(s) 

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**:



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

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.

[ ]  Court Records, Legal History, Police Report

[ ]  Signed, Initialed, and Dated DBHDD Release of Information

[ ]  Summary of information relevant to this individual written by the referral source

[ ]  Social History

[ ]  Medical Records, Progress Notes, or Discharge Summary from previous treatment or hospitalization(s)

[ ]  Previous Psychological Evaluation, Psychoeducational or other evaluation

[ ]  Academic Records (Grades, Behavior, Attendance, IEP, 504 Plan, BIP)

[ ]  Other Mental Health Records

**TYPE OF EVALUATION REQUESTED**

[ ]  Competency to Stand Trial [O.C.G.A. §17-7-130]

[ ]  Criminal Responsibility [O.C.G.A. §17-7-131 and as specified in §16-3-2, §16-3-3, §16-3-4]

**Defendant’s attorney is requested to inform defendant in advance about the evaluation and encourage compliance or cooperatation.**

[ ]  ***The court would consider a diversion outcome if appropriate community placement / services were identified***