FORENSIC SERVICES
Evaluation Referral Form

***** 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 Name: Last Name:

SSN: Known alias(es) or alternate name spellings:

Sex: - DOB: Age: Ethnicity: - Race: -

English Proficiency: - Other language:

Communication: - Sensory Impairment: -

Referral Information

Individual Requesting Evaluation: Title:

Date of Referral: Phone: Email:

Observations which led to this request:

Client's Current Location

Select One: - County: Virtual/remote possible? -

Facility Name: Facility Address:

Facility Contact Name: Phone: Email:

Home Address: County:

Phone: Email:

Alternative Contact Name: Relation to Client: Phone:

TYPE OF EVALUATION REQUESTED

☐ Competency to Stand Trial [O.C.G.A. §17-7-129 and §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] *

☐ Transfer Evaluation [O.C.G.A. §15-11-562(c)] **

** Please note that DBHDD cannot provide criminal responsibility evaluations without an indictment/charging document.*

*** For individuals aged between 13-17 years old.*

Defendant's attorney is requested to inform defendant in advance about the evaluation and encourage compliance or cooperation.

Court Information

Court Type: - County of Court:

Indictment/Case Number(s):

Offense Date(s): Arrest date(s):

List Most Serious Charges *(also indicate severity):* Capital Offense: -

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Brief description of the offense(s):

Judge's Name: Email:

Address: Phone: Fax:

Defense Attorney: Type: - Phone:

Address: Fax: Email:

Prosecutor: Type: - Phone:

Address: Fax: Email:

ITEMS INCLUDED WITH THE COURT ORDER:

In addition to the court order, please provide or obtain as much of the following information as applicable:

☐ Court Records, Legal History, Police Report

☐ Signed, Initialed, and Dated DBHDD Release of Information

☐ 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

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