JUVENILE FORENSIC SERVICES
Evaluation & Remediation Referral Form

***** 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:*

Youth Information

First Name: Middle Name: Last Name:

SSN: Alternate name spellings/Previous Names:

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

Last / Current School Attended: Last / Current Grade Level: IEP: -

English Proficiency: - Other language:

Interpreter Needed: -

Communication: - Sensory Impairment: -

Referral Information

Individual Requesting Evaluation: Title:

Date of Referral: Phone: Email:

Youth's Current Placement

Virtual/remote possible? -

Select One: - County: Youth is in: -

Facility Name: Facility Address:

Facility Contact Name: Phone: Email:

Case Worker: Phone: Email:

Parent / Guardian Information

Youth lives with: -

Home Address: County:

Mother's Name: Mother's Phone: Mother's Email:

Father's Name: Father's Phone: Father's Email:

Guardian's Name: Relation to Youth: Phone:

Guardian's Address: Guardian's Email:

Court Information

County of Court: Accusation/Case Number(s):

Judge's Name: Phone: Fax:

Address: Email:

Defense Attorney: Phone: Fax:

Address: Email:

Prosecutor: Phone: Fax:

Address: Email:

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

List Current Charges Charge Level: -

Brief description of the offense(s):

Reason for Referral

Please describe the observations which led to this request or indicate if specified in the Court Order:

☐ See Court Order

ITEMS INCLUDED WITH THE COURT ORDER:

☐ Court Records, Legal History, Police Report

☐ Parent Questionnaire

☐ 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

*IF REQUEST IS FOR COMPETENCY REMEDIATION***

Competency Plan Manager: Agency:

Phone: Email:

*** Please attach the psychological evaluation used to adjudicate the youth as Incompetent to Proceed unless completed by DBHDD Forensic Services*