



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 Last Sex Male Female
DOB Age: Race SSN

English Proficiency: Proficient No English - Spanish Primary No English - Other Primary
Communication: American Sign Language Single Words / Gestures No Impairment
Sensory Impairment: Hearing Impaired Vision Impaired Both No Impairment

Current Location

Check One: Client Home Jail / Prison Other
Facility Name Facility Address
Facility Contact Phone Email

Home Address
County Phone # Email
Alternative Contact Relation to Client Phone #

Court Information

Court Type: Superior State Indictment # Offense Date
Current Charges (also indicate Felony / Misd.) Capital Offense

Criminal/legal history: Yes, see attached None

Previous Mental Health History (attach available records if applicable)

Judge's Name County Email
Address Phone # Fax #

Defense Attorney Public Private Phone

Address Fax # Email

Prosecutor DA/ ADA Solicitor 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

- Court Records, Legal History, Police Statement (Information on the alleged and previous crime)
- Summary of information relevant to this individual written by the referral source
- Social History
- Previous Psychological Evaluation, Psychoeducational or other evaluation
- Medical Records, Progress Notes, or Discharge Summary from Previous Treatment or Hospitalization(s)
- Other Mental Health Records
- Academic Records (Grades, Behavior, Attendance, IEP, 504 Plan, BIP)
- Signed, Initialed, and Dated DBHDD Release of Information

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 ask the defendant to cooperate.