

JUVENILE FORENSIC SERVICESEvaluation & 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 $\underline{\underline{JuvenileCourtServices@dbhdd.ga.gov}}$ or faxed to 770-293-5957.***

Client Information	Tion our Dute	,	
	Middle Last	s	ex: Male Female
DOB Age: Ra	ssn ssn	Last S	chool:
English Proficiency: C Proficient	C No English - Spanish Pri	mary C No English	- Other Primary
Communication: C American	Sign Language Single Wor		mpairment
Sensory Impairment: C Hearing	Impaired C Vision Impaire	d C Both C	No Impairment
Current Placement			
Спеск Опе:	© RYDC		
C Other	Youth is in:	C DJJ Custody C I	OFCS Custody C Both
Case Worker Name	Phone #		Fax #
Email			
<u>Parent / Guardian Informa</u>	<u>tion</u>		
Mother's Name	Phone #	Address	
Father's Name	Phone #	Address	
Mother's Email	Fath	er's Email	
Guardian's Name	Relationship to Cli	ent:	Phone #
Address		Email	
Referral Data			
Individual Requesting Evaluation	Ph	one #	Referral Date
Judge	Address:		County
Email	Accusation/Case #:		Offense Date:
Charges:		C Desgn Felony	Delinq Act Status
Defense Attorney	Phone #	Fa	x #
Email			

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 a parent or legal guardian.

CHECK NEXT TO THE ITEMS INCLUDED WITH THE COURT ORDER

	C Court Records, Legal History, Police Statement (Information on the alleged and previous crime)			
	Summary of information relevant to this youth written by the referral source			
	C Social History			
	C Previous Psychological Evaluation, Psychoeducational or other evaluation			
	Medical Records, Progress Notes, or Discharge Summary from Previous Treatment or Hospitalization(s)			
	Other Mental Heatlh Records			
	C Academic Records (Grades, Behavior, Attendance, IEP, 504 Plan, BIP)			
	C Signed, Initialed, and Dated DBHDD Release of Information			
	REQUESTED SERVICE:			
	EVALUATION (check type):			
© Behavioral Health Evaluation [O.C.G.A. §15-11-477]:				
	The purpose of this in-depth evaluation is to aid a judge in disposition. The evaluation will generally cover the child's background, intellectual functioning, personality functioning, diagnosis, conclusions, and recommendations.			
	Behavioral Health Evaluation due to designated felony status [O.C.G.A. § 15-11-653]:			
Same as above, but may contain additional information relevant to placement in restrictive custod				
	C Competency to Proceed in Juvenile Court [O.C.G.A. § 15-11-653]			
	Observations which led to this request:			
Re-evaluation of Competency to Proceed (post-remediation) [O.C.G.A. §15-11-657]				
	C Superior Court Transfer Evaluation [O.C.G.A. §15-11-562]:			
	Focuses on a child's history, maturity, risk factors, and amenability to treatment.			
	COMPETENCY REMEDIATION**			
	Court Contact: Phone/Cellular #			
	** Please attach the psychological evaluation used to adjudicate the youth as Incompetent to Proceed (if not conducted by DBHDD Forensic Services).			