

**IN THE SUPERIOR COURT OF BULLOCH COUNTY
STATE OF GEORGIA**

STATE OF GEORGIA

CASE NO:

v.

,

Defendant.

CERTIFICATION OF DEFENSE COUNSEL

I, [insert name], hereby certify, as counsel for the above-named defendant, that there is cause to believe the defendant should be evaluated for competency to stand trial and/or criminal responsibility at the time of the act.

I further certify that I have submitted the following documents to the Department of Behavioral Health and Developmental Disabilities (DBHDD) (check all that apply):

1. Order for Competency Evaluation (signed)
2. Order for Evaluation of Criminal Responsibility (signed)
3. DBHDD Referral Form with addendum, if needed
4. Indictment/Accusation
5. Police Reports
6. Past medical records, if available
7. Criminal history, if known
8. Other: _____

I further certify that I have submitted the above documents to DBHDD by (check one): facsimile to: 770.359.5238; or email to courtservices@dbhdd.ga.gov.

Respectfully submitted this ____ day of _____, 20____.

Attorney Name
Attorney for Defendant

Defense counsel contact info