



# FORENSIC SERVICES

## Evaluation 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 [CourtServices@dbhdd.ga.gov](mailto: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  Jail /   Other

Contact Name  Phone #

Home Address  County  Phone #

Nearest Relative  Relationship to Client  Phone #

### Court Information

Indictment #  Offense Date:

Current Charges (also indicate if Capital Felony / Felony / Misd.)

Previous Convictions (list or attach criminal history)

Previous Mental Health History (attach available records if applicable)

Judge's Name  Court Type  Superior  State County

Address  Phone #  Fax #

**Defense Attorney**   Public  Private

Address  Phone #  Fax #

**Prosecutor**   DA/ ADA  Solicitor

Address  Phone #  Fax #

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**Referral Information**

Individual Requesting Evaluation  Title

Phone #

**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.**

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Received On: \_\_\_\_\_

Received by: \_\_\_\_\_