

## REFERRAL TO FORENSIC SERVICES

**Uniform Superior Court Rule 31.4 (A):** In pending superior court cases, except in proceedings for involuntary treatment under OCGA Title 37, or proceedings for the appointment for a guardian under Title 29, where the mental competency of an accused is brought into question, the judge may, upon a proper showing exercise discretion and require a mental evaluation at public expense. A Motion for mental evaluation may be filed in writing, setting out allegations and grounds for such motion, praying for a court-ordered evaluation. The judge may enter an order requiring a mental evaluation of the defendant for the purposes of evaluating competency to stand trial. The judge may direct the Department of Behavioral Health and Developmental Disabilities to perform the evaluation at a time and place to be set by the Department in cooperation with the county sheriff or counsel for the defendant if the defendant is not in custody. The clerk shall forward a copy of the order to the Department accompanied by a copy of the indictment, accusation or specification of charges, and where available, a copy of the police arrest report, and a brief summary of any known or alleged previous mental health treatment or hospitalization involving this particular person. Counsel for the defendant shall forward any other background information available to the evaluator to assist in performing adequately the requested services.

**This is a request under Uniform Superior Court Rule 31.4(A), for a mental evaluation of the following named individual, at public expense.**

**DATE:** \_\_\_\_\_

**(1) Defendant's Information:**

**Name:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Phone Numbers:** \_\_\_\_\_

**Relative to Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Relative's Address:** \_\_\_\_\_

**Relative's Contact Numbers:** \_\_\_\_\_

**Current Location (jail, bond, prison, etc.)** \_\_\_\_\_

**Any Additional Contact Information:** \_\_\_\_\_

**(2) WHO INFORMED CLIENT OF IMPENDING EVALUATION?**

\_\_\_\_\_

**(3) WHAT ARE THE OBSERVATIONS OR CONCERNS THAT HAVE LED TO THIS COMPETENCY QUESTION BEING RAISED? (Please be specific. Add Addendum with additional information if necessary. This should include matters like previous hospitalizations, unusual behavior in jail or court, etc. Please state what you or your staff have observed):**

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**(4) CURRENT CASE:**

**Current Pending Charges:**

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**Date of Occurrence:** \_\_\_\_\_

**Next Hearing or Trial Date:** \_\_\_\_\_

**Trial Judge:** \_\_\_\_\_

**Defense Counsel: Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**District Attorney Assigned: Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**(5) PREVIOUS MENTAL HEALTH CARE (Please add whatever information you may have in this regard. To the extent known, include facility name and dates treated):**

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**(6) PREVIOUS ARRESTS AND CONVICTIONS, IF KNOWN:**

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**(7) DOCUMENTS TO ACCOMPANY COURT ORDER AND REFERRAL FORM**

- a. Indictment/Accusation related to present charges
- b. Police Report
- c. Any available mental health records
- d. Any available school disciplinary reports, ITBS scores, educational testing
- e. Any available social security disability testing
- f. Other \_\_\_\_\_

**(8) SIGNATURE OF INITIATOR \_\_\_\_\_**

Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**NOTE: A Referral for Forensic Services in felony cases shall result in this matter being placed on the Superior Court's Competency Docket, pending final resolution of the competency question. In all Superior Court cases, please return the original Referral Form, supporting documents, and proposed Order to MaryAnn Boyd, Administrative Assistant for Judge Penny Haas Freeseemann, Suite 422, Chatham County Courthouse. Ms. Boyd can be reached at 912.652.7252 if you have any questions.**