**\*\*\* 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** **or faxed to 770-359-5238.\*\*\***

 *Next Court Date:*  

**Client Information**

First Name  Middle  Last  Sex 

DOB  Age:  Race  SSN 

English Proficiency: 

Communication: 

Sensory Impairment: 

**Current Location**

 *Check One*:    

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  County 

Address  Phone #  Fax # 

**Defense Attorney**  

Address  Phone #  Fax # 

**Prosecutor**   

Address  Phone #  Fax # 

**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.

















**TYPE OF EVALUATION REQUESTED**





**Defendant’s attorney is requested to inform defendant in advance about the evaluation and ask the defendant to cooperate.**