

GEORGIA DEPARTMENT OF CORRECTIONS

Name: _____

Offender Death Notification Form

ID#: _____

Facility: _____

DOB: _____

Date: _____ Time: _____

Race: _____ Sex: _____

This Offender Death Notification form must be completed by the facility mental health staff and FAXED to Office of Health Services (478-992-5865) within 48 hours following the offender's death.

Information Concerning the Death:

Date of Death: ____/____/____ Location: _____

Manner of Death: ☐ Hanging ☐ Exsanguination ☐ Overdose Suspected ☐ Homicide

Place of Death: ☐ GP ☐ Isolation/Segregation ☐ SLU ☐ Infirmary ☐ CSU/ACU/Observation Cell
☐ Other _____

Mental Health Level of Care: _____ Mental Health Diagnosis: _____

Medical Diagnosis/conditions: _____

Psychotropic Medication(s): _____

Medication Adherence: _____

Last three (3) Mental Health Counselor Contacts: _____

Last three (3) Psychiatric Contacts: _____

An Institutional Mental Health Mortality Peer Review panel has been scheduled to meet on ____/____/____

Comments: _____

Signature _____ Completed on ____/____/____ Faxed on ____/____/____