

Georgia Department of Corrections

**Certificate of Referral for Emergency Admission
Into a Psychiatric Hospital**

The Referral Is Made Pursuant to Procedures for Admission of Seriously Mentally Ill Offenders for the Purpose of Receiving Psychiatric Treatment.

For Emergency Referral

This is to certify that, within the preceding 24 hours, I have personally evaluated offender _____ GDC I.D. Number _____ on _____ 2022, at _____ am/pm and found that, based upon detailed observations set forth below, they present a psychiatric emergency. A psychiatric emergency is one in which the offender is mentally ill, that is, has a disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life AND (1) presents a substantial risk of imminent harm to themselves or others as manifested by recent overt acts or recent expressed threats of violence which presents a probability of physical injury to themselves or to other persons, or (2) who is so unable to care for their own physical health and safety as to create an imminently life-endangering crisis.

My opinion is based on the following observations.*

(A) Evidence of Mental Illness:

(B) Evidence of Criteria Substantiating One and Two:

* Attach Additional Documentation as Necessary.

I declare the foregoing to be a true and accurate statement.

Date

Signature /Printed Name

_____ am/pm

Time

Title

Facility