

Emergency Admission

Rights of Offender

1. You will have 24 hours after receiving this notification to decide if you wish to contest the doctor's recommendation to admit you to the hospital.
2. If you decide to contest the decision of the doctor, you have a right to go before a hearing officer appointed by the Commissioner of the Georgia Department of Corrections. This hearing officer will hold a full and fair hearing to consider whether or not you meet the criteria for involuntary admission. If you decide that you want such a hearing, one will be scheduled no earlier than five (5) days after you receive this notice. The due process hearing committee will be composed of a Deputy Warden of Care and Treatment, a Psychiatrist or Psychologist, and a medical staff member.
3. You have the right to represent yourself at the hearing. If you do not wish to represent yourself at the hearing, you may request the assistance of an advocate. You may elect to have a mental health counselor of the Georgia Department of Corrections serve as your advocate. You may also seek representation from any attorney licensed in Georgia at your expense. Your advocate or representative may assist you at the hearing.
4. You have the right to full disclosure of the evidence against you.
5. You or your advocate have the right to present any relevant evidence to the hearing officer.
6. You have the right to call witnesses on your behalf as long as they are reasonably available unless good cause exists not to allow. The hearing officer can decide to take their testimony by telephone or in writing.
7. You have the right to question or cross-examine witnesses called at the hearing by the Georgia Department of Corrections. The hearing officer, however, has the discretion to properly deny your request to confront and cross-examine particular witnesses if the hearing officer believes that good cause exists not to allow.
8. You have the right not to have a hearing and to proceed with the psychiatric treatment that has been recommended for you.

Acknowledgement of Notification

(Initial and circle any items which apply.)

- A. I do hereby state that I have read or have had explained to me the decision of the need for hospitalization in my case.
- B. I do hereby also state that I have read or have had explained to me all of my rights to a hearing to contest the recommendation that I be admitted to a mental hospital for the purpose of receiving psychiatric care and treatment.
- C. I (do) (do not) want to exercise my right to a fair and impartial hearing in my case.
- D. I (do) (do not) want an expedited hearing.
- E. I (do) (do not) elect to have a mental health counselor with the Georgia Department of Corrections serve as my Advocate.
- F. I (do) (do not) elect to retain a private attorney at my own expense.
- G. My decision not to exercise my right to a fair and impartial hearing is made voluntarily, without threat or any other improper promises or inducements, and with full knowledge of its meaning and effect. I further understand that the reason for my admission is to receive psychiatric treatment.

Signature of Counselor

Offender's Signature and GDC I.D. Number

Signature of Witness/Title

_____ _____
Date Time

Retention Schedule: Completed forms will be given to the Psychiatric Hospital (original), a copy will be given to the offender, placed in the offender's mental health file (section 5) and medical file (section 5). At the end of the offender's need for mental health services and/or sentence, the mental health file will be placed within the offender's health record and retained for 10 years.