SOP 508.18 Attachment 1 8/31/23

GEORGIA DEPARTMENT OF CORRECTIONS		Institution:	
MENTAL HEALTH SERVICES		Name:	
"Mental Health Evaluation for Disciplinary Action"		ID#:	
		DOB:	
		Race: Sex:	
Mental H	Health Offender's Disciplinary Report Dated:	Disciplinary Report Number:	
I.	A review of the Disciplinary Report and the offer	nder's mental health status indicates the following:	
	The offender is competent to procee	ed with the disciplinary investigation and hearing.	
	The offender is <u>not</u> competent to pro	oceed with the disciplinary investigation and hearing.	
П.	A review of the circumstances surrounding the in following.	fraction and the offender mental status indicate the	
	There are <u>no</u> mitigating Mental Hea of institution/department rules.	Ith circumstances surrounding the offender's violation	
	There are mitigating Mental Health institution/department rules.	circumstances surrounding the offender's violation of	
Mitigatir below:	ng Mental Health circumstances or sanctions to be co	onsidered by the Disciplinary Hearing Officer are listed	
Mental Health Evaluator/Title		Date	
Mental Health Clinical Supervisor/Title		Date	
Hearing Officer Signature		Date	
Page 1 of	1		

Retention Schedule: Original completed form shall be given to the Disciplinary Hearing Officer. A copy shall be placed in the offender's mental health file (section 4). At the end of the offender's need for mental health services and/or sentence, the mental health file shall be placed within the offender's health record and retained for 10 years.