

GEORGIA DEPARTMENT OF CORRECTIONS

Institution: _____

MENTAL HEALTH SERVICES

Name: _____

"Mental Health Evaluation for Disciplinary Action"

ID#: _____

DOB: _____

Race: _____ Sex: _____

Mental Health Offender's Disciplinary Report Dated: _____ Disciplinary Report Number: _____

I. A review of the Disciplinary Report and the offender's mental health status indicates the following:

_____ The offender is competent to proceed with the disciplinary investigation and hearing.

_____ The offender is not competent to proceed with the disciplinary investigation and hearing.

II. A review of the circumstances surrounding the infraction and the offender mental status indicate the following.

_____ There are no mitigating Mental Health circumstances surrounding the offender's violation of institution/department rules.

_____ There are mitigating Mental Health circumstances surrounding the offender's violation of institution/department rules.

Mitigating Mental Health circumstances or sanctions to be considered by the Disciplinary Hearing Officer are listed below:

Mental Health Evaluator/Title

Date

Mental Health Clinical Supervisor/Title

Date

Hearing Officer Signature

Date