GEORGIA DEPARTMENT OF CORRECTIONS	Institution:
MENTAL HEALTH SERVICES	Name:
"Mental Health Evaluation Following Disciplinary	ID#:
Action"	DOB:
Disciplinary Report #:	Race: Sex:

I. Review the documents and records (consider DR history and institutional, medical and mental health records.):

II. Offender Interview:

- III. Mental Status Examination:
- IV. Impression:
  - A. Are there circumstances relevant to the offender's mental status that mitigate the behavior which violated institutional/department rules, if yes, explain below. [] Yes [] No Comments:
  - B. Does the offender understand the charges filed against him/her and the procedure (both the investigation and the hearing)? If no, explain below. [] Yes [] No Comments:
  - C. Is the offender able to cooperate and assist others in his/her own defense? If no, explain below.
    [ ] Yes [ ] No Comments:
- V. Conclusion and Recommendations:

Signature/Title

Date

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Retention Schedule: Completed forms 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.