

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