

**GEORGIA DEPARTMENT OF CORRECTIONS**  
**PREA Counseling Referral Form**

Reason for referral:

**Risk Screening**

The agency shall offer counseling to any offender with prior history of sexual victimization or aggressiveness within 14 days of risk screening.

Date of Screening: \_\_\_\_\_ Date of Counseling Referral: \_\_\_\_\_

**PREA Allegation**

The agency must offer counseling services to named victims and aggressors in any PREA allegation.

**Select one:**

**I DO accept the offer of counseling services.**

**I DO NOT accept the offer of counseling services.**

This is to acknowledge I understand I have the right to counseling services. I further understand this is a voluntary service and I cannot be retaliated against for refusal to participate.

\_\_\_\_\_  
Offender Name

\_\_\_\_\_  
GDC #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date