

**BY AUTHORITY OF SECTIONS 37-3-20 AND 37-3-22, of the Official Code of Georgia Annotated.**

I request admission to \_\_\_\_\_ hospital on a voluntary basis.

I understand that if the staff finds I show signs of mental illness and that I am suitable for treatment, I may be given care and treatment at the hospital named above. If I am under 18 years old, I understand that I may be admitted for observation and diagnosis, but treatment may be given only with the written consent of my parents or guardian. I agree to follow the rules and regulations of the hospital. I understand that I may be discharged by the medical staff of the hospital when they believe I no longer need to stay in the hospital. I may ask to leave the hospital according to the procedures which are explained on this form.

I make this request for voluntary admission willingly. I have read this application including my rights to discharge on this form and have had a chance to ask any questions.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant (if 12 years of age or older)

\_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Address

***NOTE: Parent or guardian must sign below if application is for someone under age 18 and is made by his or her parent or guardian or if the person for whom hospitalization is sought has been declared legally incompetent and the application is being made by the legal guardian.***

As parent or legal guardian of the above-named person, I agree to the provisions of this application and I consent to the treatment of the above-named person. I have had the chance to ask any questions.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Address

GEORGIA DEPARTMENT OF HUMAN RESOURCES

APPLICATION FOR VOLUNTARY ADMISSION

Form 1009

CSH-708

Stamp Plate

**NOTICE OF A VOLUNTARY PATIENT'S RIGHT TO DISCHARGE**

**You may ask for your discharge at any time. Your representative, legal guardian, parent, wife or husband, lawyer or adult next of kin may also ask for your discharge at any time. You may not ask for your own discharge if you are under age 18 and your parent or guardian signed you into the hospital.**

**If you signed yourself in and someone else asks for your release, you must agree in order to be discharged. If you have been found by a court to be incompetent and your legal guardian signed you in, your guardian must agree to your discharge.**

**The request for discharge must be in writing. If you need assistance in doing this, ask the unit staff for help. Within three days (not counting Sundays and legal holidays) after the chief medical officer of the hospital gets your written request, you will be discharged unless he believes your discharge would be unsafe to you or to others. If you are not released, the process for involuntary hospitalization will begin. If this happens you will be told of your rights.**

**You may also be discharged without asking for release if the Chief Medical Officer feels that you no longer need to be in the hospital.**