

**BY AUTHORITY OF SECTION 37-3-81 of the Official Code of Georgia Annotated**

To (A) \_\_\_\_\_ Client (D) \_\_\_\_\_ Guardian Ad Litem (if applicable)  
(B) \_\_\_\_\_ First Representative (E) \_\_\_\_\_ Probate Court or Juvenile Court  
(C) \_\_\_\_\_ Second Representative

The undersigned two physicians have personally examined \_\_\_\_\_ at \_\_\_\_\_ which is an Evaluating Facility within the meaning of Section 37-3-60 of the Official Code of Georgia Annotated mentioned above. This examination was within the five days preceding the signing of this certificate.

1. It is my opinion that the above-named person is a mentally ill person requiring involuntary treatment in that he is mentally ill *AND* (a) presents a substantial risk of imminent harm to himself or others as manifested by either recent overt acts or recent expressed threats of violence which present a probability of physical injury to himself or to other persons, or (b) is so unable to care for his own physical health and safety as to create an imminently life-endangering crisis; (Underline criteria used). I have examined this person at \_\_\_\_\_ m on \_\_\_\_\_, 20\_\_.

This opinion is based on the following observations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My diagnosis of this person is \_\_\_\_\_

\_\_\_\_\_ M.D.

GEORGIA DEPARTMENT OF HUMAN RESOURCES

CERTIFICATE AUTHORIZING RETENTION IN  
EVALUATING FACILITY PENDING  
TRANSFER TO TREATMENT FACILITY

CSH – 716 (Revised 5/2001)

Form 1021

(Over)

Stamp Plate

2. It is my opinion that the above-named person is a mentally ill person requiring involuntary treatment in that he is mentally ill *AND* (a) presents a substantial risk of imminent harm to himself or others as manifested by either recent overt acts or recent expressed threats of violence which present a probability of physical injury to himself or to other persons, or (b) is so unable to care for his own physical health and safety as to create an imminently life-endangering crisis; (Underline criteria used). I have examined this person at \_\_\_\_\_ m on \_\_\_\_\_ 20\_\_\_\_\_.

This opinion is based on the following observations:

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My diagnosis of this person is \_\_\_\_\_  
\_\_\_\_\_ M.D.

Based upon the medical opinions of the two physicians stated above, it is my recommendation that the above named client be hospitalized at \_\_\_\_\_, which is a treatment facility designated by the Georgia Department of Human Resources. This certificate must be filed within five days excluding Saturdays, Sundays and holidays after the client is admitted to the evaluating facility named above. Filing this certificate shall authorize the client to remain in the evaluating facility until the completion of a hearing. If the hearing is waived, the certificate shall be authorization to begin treatment as provided in the individualized service plan.

\_\_\_\_\_ m \_\_\_\_\_ 20\_\_\_\_\_ M.D.

TO BE FILED IN THE APPROPRIATE COURT OF THE COUNTY  
WHERE THE CLIENT IS BEING DETAINED FOR EVALUATION