

BY AUTHORITY OF SECTION 37-7-81 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 an alcoholic, drug dependent individual, or drug abuser requiring involuntary treatment in that he is an alcoholic, a drug dependent individual, or a drug abuser (circle applicable term) 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 incapacitated by alcohol or drugs (circle applicable term) on a recurring basis; (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

STAMP PLATE

CERTIFICATE AUTHORIZING RETENTION IN EVALUATING FACILITY PENDING TRANSFER TO TREATMENT FACILITY

2. It is my opinion that the above-named person is an alcoholic, drug dependent individual, or drug abuser requiring involuntary treatment in that he is an alcoholic, a drug dependent individual, or a drug abuser *(circle applicable term)* 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 incapacitated by alcohol or drugs *(circle applicable term)* on a recurring basis; *(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.

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