

NOTICE OF RIGHT TO HEARINGS – EMERGENCY ADMISSION
37-3-44 AND 37-7-44
FORM 1015
CSH-713

This form must be completed on all clients immediately upon arrival at the Emergency Receiving Facility which is our Admissions Office, and distributed to the client (adults only), the representatives, the custodian and the guardian. If the client (in the case of a child/incapacitated adult, you will explain to the parent/guardian/custodian) does not understand his/her rights, it is the responsibility of the staff to give full explanation of his/her rights to petition for a writ of habeas corpus.

Distribution: 1 – Original – Client
(Parent/Guardian/Custodian if client under 18 – Guardian if client is an incapacitated adult)

- 1 – 1st Representative
- 1 – 2nd Representative
- 1 – Medical Record
- 1 – Legal & Special Services

To: _____
Client

Date: _____

You were admitted to Central State Hospital on _____. While a client at CSH you have certain rights. One of these rights is that you or one of your representatives may file for a Writ of Habeas Corpus, in the Superior Court of Baldwin County, if you believe you are being held illegally. You have a right to legal counsel. If you are unable to afford counsel, the court will appoint counsel.

Also, if you believe that you are not being given a right or a privilege that you are supposed to have under Georgia laws while you are in the hospital, you or your representative may file a petition in the Probate Court of Baldwin County (if 17 years old or under, Juvenile Court) for a protective order. The court has the authority to look into the matter and issue any order needed to correct the situation.

This notice requires no action unless you wish to file one of the above listed petitions.

If there are any questions, contact _____ at _____
Telephone

	Date of Notice of Mailing	Signature of Staff
c: Client	_____	_____
First Representative	_____	_____
Second Representative	_____	_____
Guardian Ad Litem/ Guardian (if applicable)	_____	_____
Clinical Record	_____	_____

Georgia Department of Human Resources Central State Hospital Notice of Right to Hearings	Stamp Plate
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Form 1015 (Revised 1-2002) By Authority of Sections 37-3-44 and 37-7-44 of the Official Code of Georgia Annotated.

CSH – 713 (Revised 1-2002)