

Disclaimer: Georgia’s laws on involuntary treatment are complex and may be applied differently from one county to another. You are encouraged to verify with the county what the standard practice is.	Criteria	Is a “mentally ill person requiring treatment”	Is committing a penal offense <i>and</i> is a “mentally ill person requiring treatment”	
	Who can initiate?	 Physician	 Any adult	 Peace officer
	How?	Issues a certificate stating that the physician personally examined the person within the past 48 hours and determined the person meets the criteria.	Files a petition in the probate court of the county in which the person may be found with either: • A physician’s certificate of examination issued within the last seven days; or • Affidavits of at least two people stating that within the past 48 hours they have seen the person and have reason to believe criteria are met.	Has probable cause to believe the person meets criteria and writes a report detailing the circumstances under which the peace officer took the person into civil custody.
	What do they initiate?	May initiate civil custody and transport of the person by a peace officer for examination.	Will initiate court review. The court may issue an order for civil custody and transport of the person by a peace officer for examination.	May initiate civil custody and transport the person for examination.
	Where does the proposed patient go?	The nearest available <u>emergency receiving facility</u> .		Either to the nearest available <u>emergency receiving facility</u> or to a physician who has agreed to examine the person.
	What’s the time limit for the response?	The certificate must be acted on within seven days. A peace officer must make diligent efforts to act within 72 hours of receiving a certificate.	There is no statutory time limit for the court to respond to the petition. If the court issues an order for civil custody, transportation, and examination, the order must be acted on within seven days.	There is no statutory time limit for the officer’s response. However, it is presumed that the officer acts without delay.
	What happens?	The facility must make a diligent effort to identify two people to serve as the person’s representatives. The person may choose one representative, and the facility may choose the other. If the person does not choose anyone, the facility must select both representatives. Representatives must be chosen from the following list: the person’s mental health care agent, legal guardian, spouse, adult child, parent, attorney, adult next of kin, or adult friend. The facility must select the first representative in the order listed. The second may be selected from anywhere on the list, as long as it is not the person who filed the petition for evaluation. If the facility cannot identify two representatives, it must apply to the court for appointment of a guardian ad litem. The facility must notify the person’s representatives of the person’s admission. A physician must examine the person as soon as possible, and no later than 48 hours after the person arrives. Emergency treatment may be provided if medically appropriate. If the examining physician certifies that there is reason to believe the person meets the criteria, the physician must also determine and certify whether the person is believed to be an inpatient or outpatient (<i>see definitions</i>).		

Initiated by	 Physician	 Any Adult	 Peace Officer
What's next?	Certified as an outpatient: If the physician determines the person is an outpatient and outpatient treatment is available, the person must be discharged for interim outpatient treatment. Notice of discharge must be given to the person and their representatives. Before discharge, the facility must prepare an individualized service plan. This plan must be developed in consultation with the facility that will provide interim outpatient treatment. The sending facility and the outpatient facility must coordinate to ensure interim outpatient treatment is available and consistent with the service plan, pending a court hearing on the person's need for treatment (see “<i>Outpatient treatment</i>” on page six). The person must receive written notice of the time, date, and location of the interim outpatient treatment, along with a statement that failure to comply may result in involuntary admission for examination, treatment, or both. Within three days of discharge, the sending facility must provide the outpatient facility with the examination report, the individualized service plan, and any other necessary clinical information. Within five days of receiving this information, the outpatient facility must petition the probate court for a determination of need for treatment (see “<i>Outpatient treatment</i>” on page six). Certified as an inpatient: If the physician determines that the person is an inpatient, the person must be transferred to an evaluation facility within 24 hours of this determination for further evaluation. Upon arrival, the person will be admitted for evaluation and any medically appropriate treatment. If, after evaluation, the chief medical officer (CMO) determines that involuntary treatment proceedings should begin, the CMO must direct the development of an individualized service plan during the evaluation period and may initiate those proceedings (see “<i>Inpatient treatment</i>” on page five). The person must be discharged if they no longer meet criteria or if they are certified as an outpatient. If certified as an outpatient, the same procedures described above under “Certified as an outpatient” apply.		
What's the duration of the hold?	If the person is certified as an inpatient within the first 48 hours, the hold may last for up to five days, excluding weekends and holidays. If a petition for involuntary treatment is filed, the person may continue to be held until a court hearing takes place (see “<i>Inpatient treatment</i>” on page five).		
Who decides whether to continue a hearing?	If the CMO recommends involuntary treatment and two physicians who have personally examined the person within the past five days support that recommendation, a petition for involuntary treatment must be filed. Filing this petition triggers a court hearing (see “<i>Inpatient treatment</i>” on page five).		
Is there a form?	<u>Form 1013 – Certificate Authorizing Transport to Emergency Receiving Facility and Report of Transportation</u>	A statewide standard form was not identified in preparation of this guide.	

Criteria	Is a “mentally ill person requiring treatment”	
Who can initiate?	 Any adult (<i>two pathways</i>)	
How?	File an application completed under oath with the <u>community mental health center (CMHC)</u> in the county where the person who may need treatment is located.	File a petition completed under oath with the <u>probate court</u> in the county where the person who may need treatment is located. The petition must include a physician’s certificate stating that the physician examined the person within the past five days, determined they met the criteria, and concluded that a full evaluation was necessary.
What do they initiate?	The CMHC completes a preliminary investigation that may result in a petition for court-ordered evaluation.	The court reviews the petition to determine if there is reasonable cause that the person may meet the criteria.
Where does the proposed patient go?	The person does not go anywhere before the CMHC or court’s review of the request.	
What’s the time limit for the response?	Upon application.	Within five days after the filing of the petition, the court must provide notice of a hearing.
What happens?	The CMHC must conduct a preliminary investigation to determine if there is probable cause to believe the person meets the criteria. If the preliminary investigation establishes probable cause, the CMHC must file a petition with the probate court in the county where the person is located. The court will review the petition to determine if there is reasonable cause to believe the person may meet the criteria. If the court finds reasonable cause, it will schedule a hearing for no earlier than ten days and no later than 14 days after the petition is filed.	If the court finds reasonable cause, it will schedule a hearing for no earlier than ten days and no later than 14 days after the petition is filed.

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Initiated by	 Any Adult
What’s next?	Two representatives must be appointed for the person. The person may choose one representative, and the court will appoint the other. If the person does not choose anyone, the court will appoint both representatives. If two representatives cannot be appointed, the court must appoint a guardian ad litem who does not represent the department. The court must notify the person and their representative of the petition, the scheduled hearing, and the person’s rights, including the right to counsel and the right to waive the hearing. After the hearing—or, if the hearing is waived, after the court reviews all evidence—if the court determines that immediate evaluation is necessary, it must issue an order directing any peace officer to transport the person to an evaluating facility. Once admitted, the person is evaluated and may receive emergency treatment if medically appropriate. If, after evaluation, the chief medical officer (CMO) determines that involuntary inpatient treatment proceedings should be initiated, the CMO must direct the development of an individualized service plan during the evaluation hold and may initiate those proceedings (<i>see “Inpatient treatment” on page five</i>). The person must be discharged if they no longer meet criteria or if they are certified as an outpatient (<i>see definition</i>). Notice of discharge must be provided to the person, their representatives, and the person who filed the petition. If certified as an outpatient: Before discharge, the treating psychologist must obtain the agreement of another physician. The sending facility must prepare an individualized service plan in consultation with the outpatient facility that will provide treatment. The sending facility must give the outpatient facility the examination report, the individualized service plan, and any other necessary clinical information it has. The sending facility must coordinate with the outpatient facility to arrange interim outpatient treatment, consistent with the service plan, until the court holds a hearing to determine the person’s need for treatment (<i>see “Outpatient treatment” on page six</i>). The sending facility and the outpatient facility may be the same facility.
What’s the duration of the hold?	Up to five days, excluding weekends and holidays. If a petition for involuntary treatment is filed, the person may continue to be held until a hearing on the petition (<i>see “Inpatient treatment” on page five</i>).
Who decides whether to continue to a hearing?	A hearing will be scheduled if the court determines there is reasonable cause to believe the person meets the criteria for court-ordered evaluation. To proceed to a hearing after evaluation, a petition for involuntary treatment must be filed (<i>see “Inpatient treatment” below</i>).
Is there a form?	A statewide standard form was not identified in preparation of this guide.

KEY DEFINITIONS

- **“Affidavit”** means a written statement of facts, sworn to under oath by the author.
- **“Chief medical officer”** means the doctor who is in charge of all patient care at a mental health facility, or a doctor who has been officially named in writing to take over that responsibility.
- **“Community mental health center”** means a public, organized program for the care and treatment of individuals with mental illness.
- **“Department”** means the Department of Behavioral Health and Developmental Disabilities and its authorized agents and designees.
- **“Emergency receiving facility”** means a facility designated by the department to receive patients for emergency psychiatric evaluation.
- **“Evaluating facility”** means a facility designated by the department to receive patients for non-emergent psychiatric evaluation, either following an emergency evaluation or ordered by the probate court.
- **“Facility”** means any state-owned or state-operated hospital, community mental health center, or other facility used to diagnose, care for, treat, or hospitalize people with mental illness. It also includes any facility used for these purposes by a federal agency and any other facility in Georgia approved by the department for these purposes.
- **“Guardian ad litem”** means a neutral third-party appointed by the court to represent a person during involuntary treatment. The role of the guardian ad litem is to protect the person’s rights and represent their best interests. The order appointing the guardian ad litem will specify the limited purpose of their appointment. Appointment will last 90 days, unless a shorter time is specified in the order.
- **“Hearing examiner”** means a member of the State Bar of Georgia, appointed by the supreme court justices to preside over hearings for continued involuntary treatment.
- **“Individualized service plan”** means a plan developed during an inpatient stay that is tailored to the person’s needs. Documentation must include treatment goals, methods and procedures for achieving those goals, professionals providing treatment, and a description of how the client is included in planning. Also required is a statement that the chief medical officer made a reasonable effort to meet the person’s treatment goals in the least restrictive environment possible closest to the person’s home community.
- **“Inpatient”** means a person with mental illness who needs involuntary inpatient treatment *and*:
 - Presents a substantial risk of imminent harm to the person or others, as shown by either recent overt acts or recent expressed threats of violence which present a probability of physical injury to the person or other persons, or
 - Is unable to care for their own health and safety, causing an imminent life-endangering crisis.
- **“Inpatient treatment”** or **“hospitalization”** means a program of treatment for mental illness within a hospital facility.
- **“Mental health care agent”** means an agent appointed under a psychiatric advance directive.
- **“Mental illness”** means a disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.

KEY DEFINITIONS

- **“Mentally ill person requiring treatment”** means a person with mental illness who is an inpatient or an outpatient.
- **“Outpatient”** means a person with mental illness who:
 - Is capable of surviving safely in the community with available resources or supervision from family, friends, or others;
 - Based on their psychiatric condition or history, needs treatment to prevent further disability or deterioration that would predictably result in dangerousness to self or others; *and*
 - Has limited or no ability to make an informed decision to seek treatment voluntarily or to comply with recommended treatment due to the nature of their illness.
- **“Outpatient treatment”** means a program outside a hospital that provides services to alleviate or treat a person’s mental illness, with the purpose of maintaining the person’s semi-independent functioning and preventing the person from becoming an inpatient.
- **“Peace officer”** means any federal, city, or county police officer, any officer of the Georgia State Patrol, or any sheriff or deputy sheriff.
- **“Penal offense”** means a violation of a law for which the offender may be held in a state prison, jail, or other correctional facility.
- **“Physician”** means a licensed mental health care provider. This includes:
 - Physician
 - Psychologist
 - Clinical social worker
 - Professional counselor
 - Marriage and family therapist
 - Clinical nurse specialist in psychiatric/mental health.
- **“Probate court”** means the court with authority to oversee involuntary treatment proceedings.
- **“Treatment”** means care, including diagnostic and therapeutic services, the administration of medication, and any other service to meet a person’s mental health needs.
- **“Treatment facility”** means a facility designated by the department to receive patients for involuntary psychiatric treatment.

KEY ABBREVIATIONS

- Chief medical officer (CMO)
- Community mental health center (CMHC)

Criteria	Is a “mentally ill person requiring treatment” certified as an inpatient.
Who can initiate?	 The chief medical officer (CMO) of the evaluating facility that certified the person as an inpatient (see “Emergency evaluation” and “Court-ordered evaluation” on page five).
How?	File a petition in the <u>probate court</u> in the county of the evaluation facility.
Required documentation	Certificate containing: - CMO’s recommendation for the person to be hospitalized. - Opinions of two physicians who have personally examined the person within the past five days and who agree the person meets criteria.
What’s next?	The court will schedule a hearing on the petition no earlier than seven days and no later than 12 days after the petition is filed. The person and their representatives must receive a copy of the certificate, a copy of the individualized service plan, and notice of the hearing and the person’s rights. These rights include the right to counsel, the right to waive the hearing, and the right to pay for an examination by a physician of their choice. If the person waives the hearing in writing, the certificate serves as authorization for the person to begin treatment under the individualized service plan. At the hearing, the court determines whether there is clear and convincing evidence that the person is a “mentally ill person requiring treatment.” If the court does not find this standard met, the person must be immediately discharged. If the court finds the standard met, it must then determine—also by clear and convincing evidence—whether the person is an inpatient or an outpatient (<i>see definitions</i>). If the court determines the patient is an outpatient: The court must determine whether appropriate outpatient treatment is available under an individualized service plan and whether the person is likely to follow that treatment in a way that reduces the likelihood of becoming an inpatient. If so, the court must order the person to obtain that treatment and discharge the patient subject to that order. If the court determines the patient is an inpatient: The court must order the person transported to a treatment facility for care and treatment for up to six months. The court may also order a period of inpatient treatment followed by outpatient treatment if the outpatient treatment meets the requirements of the individualized service plan and the person is likely to follow it in a way that reduces the likelihood of returning to inpatient care. These combined orders may last up to one year, with no more than six months of inpatient treatment.
Who makes the treatment order?	<u>Probate court</u>
Who makes the discharge decisions?	The CMO, after consideration of the recommendations of the treatment team. The CMO may designate another physician to make discharge decisions. The CMO or their designee may: - Discharge the person without conditions, - Discharge the person to outpatient treatment for the remaining period the person is ordered to treatment, if the person meets outpatient criteria, or - Transfer the person to voluntary status.
Is there a form?	Form 1021. It is unclear if the form is available online.

Criteria	Is a “mentally ill person requiring treatment” certified as an outpatient and for whom there is available outpatient treatment.
When can outpatient treatment be court-ordered?	Upon discharge from an evaluation facility (see “Emergency evaluation” and “Court-ordered evaluation” on page five) or an inpatient treatment facility. For outpatient treatment orders upon discharge from the hospital (see “Inpatient treatment” on page five.)
Who can initiate?	 The facility to which the person was discharged following evaluation and certification as an outpatient (see “Emergency evaluation” and “Court-ordered evaluation” on page five).
How?	File a petition in the <u>probate court</u> in the county in which the person is located within five days of receiving the examination report from the evaluating facility.
Required documentation	• Examination report from the evaluating facility, • Individualized service plan, and • Address to which the person was discharged by the evaluating facility.
What’s next?	The court will schedule the hearing within 30 days after the petition is filed. At least 10 days before the hearing, the court must provide the person and their representatives with a copy of the individualized service plan and notice of the hearing and the person’s rights. These rights include the right to counsel and the right to pay for an examination by a physician of their choice. The person must also receive notice of their right to waive the hearing in writing. The notice must further explain that if the person neither attends the hearing nor waives it, the court may order the person to be taken into custody, hospitalized, evaluated, and treated. If the person waives the hearing in writing, the court will order the person to receive the available outpatient treatment described in the individualized service plan submitted with the petition for hearing. At the hearing, the court will determine whether there is clear and convincing evidence that the person is a “mentally ill person requiring treatment.” If the court does not find this standard met, the person must be immediately discharged. If the court finds the standard met, it must then determine—also by clear and convincing evidence—whether the person is an inpatient or an outpatient (<i>see definitions</i>). If the court determines the patient is an outpatient: The court must determine whether appropriate outpatient treatment is available under an individualized service plan and whether the person is likely to follow that treatment in a way that reduces the likelihood of becoming an inpatient. If so, the court must order the person to obtain that treatment and discharge the person subject to that order. If the court determines the patient is an inpatient: The court must order the person transported to a treatment facility for care and treatment for up to six months. The court may also order a period of inpatient treatment followed by outpatient treatment if the outpatient treatment meets the requirements of the individualized service plan and the person is likely to follow it in a way that reduces the likelihood of returning to inpatient care. These combined orders may last up to one year, with no more than six months of inpatient treatment.

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Who issues the treatment order?	The <u>probate court</u> .
Who supervises the treatment plan?	A physician. The service plan must be reviewed at regular intervals to determine the person’s progress and whether the plan should be modified.
How long can the first treatment order last?	Up to one year.
What’s the renewal process?	At least 60 days before the current treatment order expires, the physician responsible for the person’s treatment must: • Update the person’s individualized service plan, • Prepare a report of evidence that the person meets criteria, <i>and</i> • Petition the hearing examiner for an order for an additional period of outpatient treatment. The person must receive a copy of the petition. The petition must include a plain and simple statement explaining that the person or the person’s representatives may request a hearing before a hearing examiner within 15 days of receiving the petition. It must also explain that the person has the right to counsel at the hearing, may apply to the court for appointed counsel if unable to afford one, and that the court will appoint counsel unless the person states in writing that they do not want counsel or have made their own arrangements. If the hearing is requested or ordered by the hearing examiner: The hearing examiner must schedule the hearing within 25 days of the request and before the current order expires. Notice of the hearing must be provided to the person, the person’s representatives, the outpatient treatment facility, and, when appropriate, the person’s counsel. After the hearing, the hearing examiner may order: • The person’s discharge, • Inpatient treatment for up to six months, <i>or</i> • Continued outpatient treatment for up to one year. If the hearing is not requested: The hearing examiner must independently review the report, the updated individualized service plan, and the petition. If the hearing examiner concludes that the person no longer meets criteria, they must order that a hearing be held. If the hearing examiner determines the person continues to meet criteria, they must order continued outpatient treatment for a period not to exceed one year.
What’s the discharge process?	If the physician overseeing the person’s treatment determines that the person no longer meets criteria, the physician must discharge the person. Notice of this discharge must be provided to the person, their representatives, and the court that ordered treatment.
Is there a form?	A statewide standard form was not identified in preparation of this guide.