

IN THE PROBATE COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

Georgia Pines. CSB  
**PETITIONER,**

v.

\_\_\_\_\_  
**RESPONDENT,**

\_\_\_\_\_  
**ADDRESS**

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**INVOLUNTARY OUTPATIENT  
TREATMENT**

Case Number: \_\_\_\_\_

**MOTION FOR MODIFICATION OF INVOLUNTARY TREATMENT ORDER**

Petitioner, through authorized designee, \_\_\_\_\_, files this Motion for Modification of Involuntary Treatment Order, and shows the court as follows:

1.

On \_\_\_\_\_, \_\_\_\_\_, 202\_ a **PETITION TO DETERMINE NEED FOR INVOLUNTARY OUTPATIENT TREATMENT** regarding the Respondent, **RESPONDENT**, was filed with the court requesting an order for involuntary treatment by the Probate Court of \_\_\_\_\_ County, Georgia.

2.

The petition was accepted, assigned Case Number: \_\_\_\_\_, heard and granted by the Court on \_\_\_\_\_, \_\_\_\_\_, 202\_

3.

**JUSTIFICATION FOR MODIFICATION TO ORDER** \_\_\_\_\_

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

4.

**SPECIFIC REQUESTS BEING MADE OF THE COURT** \_\_\_\_\_

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

WHEREFORE, Petitioner respectfully requests as follows:

- (a) Relief from the court permitting Georgia Pines to \_\_\_\_\_
- (b) Grant such other and further relief as the court deems just and proper.

Respectfully submitted this \_\_\_\_\_, \_\_\_\_\_, 202\_

Signature of Petitioner: \_\_\_\_\_

Printed Name of Petitioner: \_\_\_\_\_

Address: 252 Woodlands Blvd. Thomasville, GA

Telephone Number: (229) 225-5208

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**VERIFICATION**

**GEORGIA, THOMAS COUNTY**

Personally appeared before me the undersigned Petitioner's authorized representative, who, after being duly sworn, state(s) that the facts set forth in the foregoing Motion for Status Review are true and correct.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner's authorized representative

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
Printed Name of Petitioner's authorized representative

My Commission Expires: \_\_\_\_\_