

Specifically, the evaluator found:

- a.) Respondent is capable of surviving safely in the community with the continued support of available resources, or supervision from family, friends, or others.
- b.) Respondent is in need of continued treatment to prevent further disability or deterioration that would predictably result in dangerousness to self or others.
- c.) Respondent's current mental status or the nature of his/her illness limits or negates his/her ability to make an informed decision to seek voluntarily or to continue to comply with recommended treatment.

The evaluator's findings are reflected in the Certificate Recommending Involuntary Outpatient Treatment filed with this Petition.

5.

Outpatient Treatment is available and involuntary outpatient treatment is the least restrictive alternative to meet the Respondent's needs in the community.

6.

Petitioner prepared an Individualized Treatment/Service/Recovery Plan and it is filed with and attached to this Petition.

7.

(Initial as applicable)

_____ The following person(s) is/are designated as the Respondent's personal representative(s):

Name

Relationship or Capacity

Address

Telephone Number

Name

Relationship or Capacity

Address

Telephone Number

AND/OR

_____ After a diligent search, Petitioner was unable to secure two representatives for the Respondent. Therefore, Petitioner requests the appointment of a Guardian ad Litem in accordance with O.C.G.A. § 37-3-147 by the probate court of Respondent's county of residence (with the assistance of the probate court where this action is pending, if the courts are different).

8.

Respondent's income and assets are insufficient to afford a lawyer and defray the expenses of the hearing.

WHEREFORE, Petitioner respectfully requests as follows:

- a) That, at least ten days prior to the hearing, serve the Respondent with this Petition, Respondent's Notice of Rights, the Certificate Recommending Involuntary Treatment, and his/her Individualized Treatment/Service/Recovery Plan. Also, serve the Respondent's personal representative(s) as required by law;
- b) That a full and fair hearing be conducted as provided in O.C.G.A. §§37-3-92 and 37-3-81.1, not later than thirty days after the filing of this Petition;
- c) That in the event that there are less than two individuals designated as the Respondent's personal representatives, the appropriate probate court appoint a Guardian ad Litem for the Respondent;
- d) That the court find the Respondent is in need of continued involuntary outpatient treatment for a period not to exceed one year;
- e) That the court appoint a lawyer to represent the Respondent;
- f) That the court make findings of fact and conclusions of law in support of and as part of such order, and
- g) grant other relief the court deems just and fair.

Respectfully submitted this _____ day of _____, 20_____

Signature of Petitioner: _____

Printed Name of Petitioner: _____

Address: **252 Woodlands Blvd. Thomasville, GA**

Telephone Number: **229-225-5208**

VERIFICATION

GEORGIA, _____ **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

Printed Name of Petitioner's authorized rep.

NOTARY

My Commission Expires: _____