

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

STATE OF GEORGIA

Georgia Pines CSB  
252 WOODLANDS BLVD,  
THOMASVILLE, GA 31792  
PETITIONER,

INVOLUNTARY OUTPATIENT  
TREATMENT

v.

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

SSN \_\_\_\_\_  
RESPONDENT

**CERTIFICATE RECOMMENDING INVOLUNTARY OUTPATIENT TREATMENT**

TO: \_\_\_\_\_ County Probate Court

RE: \_\_\_\_\_ (evaluated individual)

The undersigned physician or psychologist, who works at or works on behalf of the community mental health center/facility named as the Petitioner, has personally examined the above-named Respondent, and based on the examination certifies that there is reason to believe as follows:

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**PHYSICIAN / PSYCHOLOGIST EXAMINATION**

Evaluator: \_\_\_\_\_ Credentials: \_\_\_\_\_

1. I have examined this individual at \_\_\_\_:\_\_\_\_ M on \_\_\_\_\_, 20\_\_\_\_.

2. It is my opinion that the individual:

*(initial one)*

\_\_\_\_\_ IS a **mentally ill person requiring involuntary outpatient treatment** because:

- a) he/she is capable of surviving safely in the community with available resources or supervision from family, friends, or others;
- b) based on his/her psychiatric condition or history, he/she is in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness to self or others;
- c) and whose 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 comply with recommended treatment, and
- d) outpatient treatment is available.

**OR**

\_\_\_\_\_ Is **NOT** a mentally ill person and/or does NOT require involuntary outpatient treatment.

