

GEORGIA DEPARTMENT OF CORRECTIONS

FACILITY: _____

MH/MR SERVICES

NAME: _____

MH/MR EVALUATION FOR DISCIPLINARY ACTION

ID#: _____

DOB: _____

RACE: _____ SEX: _____

MH/MR OFFENDER'S DISCIPLINARY REPORT DATED: _____

DISCIPLINARY REPORT NUMBER: _____

I. A review of the Disciplinary Report and the offender's mental health status indicates the following:

_____ The Offender is competent to proceed with the disciplinary investigation and hearing.

_____ The Offender is not competent to proceed with the disciplinary investigation and hearing.

II. A review of the circumstances surrounding the infraction and the offender's mental status indicated the following:

_____ There are no mitigating MH/MR circumstances surrounding the offender's violation of institutional/department rules.

_____ There are mitigating MH/MR circumstances surrounding the offender's violation of institutional/department rules.

Mitigating MH/MR circumstances or sanctions to be considered by the Disciplinary Hearing Officer are Listed below:

MH/MR Evaluator Title

Date

MH/MR Clinical Consultant

Date

Hearing Officer Signature

Date

Form M34-01-01

Retention Schedule: Upon completion, the original shall go to the Disciplinary Hearing Officer and a copy shall be placed in the Mental Health Record and in the offender's institutional file, except for those overturned or dismissed, and shall be maintained according to the official records retention schedule for institutional files.

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