

## **Involuntary Medication**

### **Rights of Offenders**

1. You will have 24 hours after receiving this notification to decide if you wish to contest the doctor's recommendation to accept medication.
2. If you continue to refuse medication, you have a right to go before a Due Process Committee. This committee will hold a full and fair hearing to consider whether or not you meet the criteria for involuntary medication. The Due Process Hearing Committee will be composed of a deputy warden of care and treatment, a mental health staff member (not currently involved with the MH treatment of the offender) and a medical staff member.
3. You have the right to represent yourself at the hearing. If you do not wish to represent yourself at the hearing, you may request the assistance of an advocate. You may elect to have a mental health counselor of the Georgia Department of Corrections serve as your advocate. You may also seek representation from any attorney licensed in Georgia at your expense. Your advocate or representative may assist you at the hearing.
4. You have the right to full disclosure of the evidence against you.
5. You or your advocate have the right to present any relevant evidence to the hearing officer.
6. You have the right to call witnesses on your behalf as long as they are reasonably available unless good cause exists not to allow. The hearing officer can decide to take their testimony by telephone or in writing.
7. You have the right to question or cross-examine witnesses called at the hearing by the Georgia Department of Corrections. The hearing officer, however, has discretion to properly deny your request to confront and cross-examine particular witnesses if the hearing officer believes that good cause exists not to allow.
8. You have the right not to have a hearing and to proceed with the psychiatric treatment, which has been recommended for you.

**Acknowledgement of Notification**

(Initial and circle any items which apply.)

- A. I do hereby state that I have read or have had explained to me the decision of the need for medication in my case.
- B. I do hereby also state that I have read or have had explained to me all of my rights to a hearing to contest the recommendation that I receive medication.
- C. I (do) (do not) elect to have a counselor with the Georgia Department of Corrections serve as my advocate.
- D. I (do) (do not) elect to retain a private attorney at my own expense.
- E. I (do) (do not) wish to attend the hearing.

---

Signature of Counselor

---

Offender's Signature and ID #

---

Signature of Witness and Title

---

Date

/

---

Time