

Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD)

FORM 1013 – CERTIFICATE AUTHORIZING TRANSPORT TO EMERGENCY RECEIVING FACILITY & REPORT of TRANSPORTATION (Mental Health)

Identification

STATE OF GEORGIA, COUNTY OF _____ DATE _____

This is to certify that I have personally examined _____ on _____, 20____ at _____m, which was within the preceding 48 hours of the signing of this certificate.

In my opinion this Individual appears to be a mentally ill person requiring involuntary treatment in that he/she appears to be mentally ill AND:

- A. presents a substantial risk of imminent harm to self or others as manifested by recent overt acts or recent expressed threats of violence which present a probability of physical injury to self or to other persons; OR
B. appears to be so unable to care for his/her own physical health and safety as to create an imminently life-endangering crisis.

At the time of my evaluation, the conditions checked below were present:

- This Individual appears to be mentally ill. My opinion is based on the following observations:

This Individual:

- Has committed/expressed recent overt acts/threats towards others.
Has committed/expressed recent acts/threats of violence to self.
Presents an imminently life endangering crisis to self because he/she is unable to care for his/her own health and safety.

For example: _____

As soon as possible, but within 72 hours after receiving this certificate, the Peace Officer shall make diligent efforts to take the above-named Individual into custody. Thereafter, the Peace Officer shall transport the Individual to the emergency receiving facility serving the county where such person is found, as named above. This certificate expires 7 days after it is executed. This certificate and the Report of Peace Officer are to be delivered by the Peace Officer to the emergency receiving facility and are to be made a part of the above-named Individual's clinical record.

If private transportation by family, friends, or other means is deemed safe, it shall be encouraged and authorized. This does not relieve the county governing authority from its responsibility to arrange for transportation when needed or requested.

SIGNATURE AND PRINTED NAME of Licensed Physician; Licensed Psychologist; Licensed Clinical Social Worker (LCSW); Licensed Professional Counselor (LPC); Advanced Practice Registered Nurse (APRN) under protocol; Clinical Nurse Specialist (CNS) in Psychiatric/Mental Health; OR Physician's Assistant (PA) under protocol.

Date _____ 20 ____ Time _____ m

Telephone Number

I _____ (staff at referring facility) have communicated with _____ (staff at receiving facility) at _____ (name of receiving facility), _____ (telephone number), who stated that the facility has a bed available for this individual. This certificate authorizes the peace officer or other person to deliver the individual named on this 1013 to the named facility for examination to determine whether admission is necessary. The named facility must discharge the individual or execute a 1014 or 2014 certificate within 48 hours of the individual's arrival at that facility. Following execution of a 1014 or 2014 certificate, that facility must transfer the individual to an evaluating facility.

SIGNATURE AND PRINTED NAME of staff at Referring Facility Date _____ 20 ____ Time _____

For Receiving Facility Staff Use Only – A copy of form 1013 is placed in the clinical record.
Signature of Staff Title Date

REPORT OF PEACE OFFICER OR OTHER PERSON PROVIDING TRANSPORTATION

STATE OF GEORGIA, COUNTY OF _____ DATE _____

NAME OF INDIVIDUAL TRANSPORTED: _____

When transportation is provided by a Peace Officer, Sections 37-3-41 and 37-3-42 of the Official Code of Georgia Annotated require that the Peace Officer complete a written report detailing the circumstances under which the individual was taken into custody for mental health transportation. When transportation is provided by any person or entity other than a Peace Officer, this report is necessary to assist the receiving facility in caring for the health and safety of the individual transported, and of other persons at the facility.

To Emergency Receiving Facility known as _____ I report as follows:

Time and Date of pickup: _____ Location: _____

Behavior observed at that time:

While under my observation the conditions checked below were present:

- Made threats to harm self Appeared calm Unable/refused to speak
- Made threats to harm others Appeared upset Attempted to injure or injured self
- Knew where he/she was Was cooperative Attempted to injure or injured someone else
- Knew who he/she was Was combative Knew the approximate time and date

Name and address of family or others who were present when the Individual was taken into custody:
Name: _____ Relationship: _____
Address: _____

COMMENTS or INFORMATION from family or others having personal knowledge of Individual:

Physical restraints utilized during transportation, if any: _____

Individual's physical condition (apparent injuries, illness or distress):

Other information:

Transportation provided by:

Relative of the Individual: Name & Relationship: _____

Ambulance service: Name of company _____
Operated by (Hospital or provider name): _____ [_____]

Transportation company or provider: Name _____
Operated by _____

Peace Officer for (Jurisdiction) _____ If transportation was provided by a Peace Officer, it was under the authority of:

Emergency Certificate (1013) Probate Court order

_____ **TIME** delivered to Emergency Receiving Facility _____ **DATE** delivered to Emergency Receiving Facility

_____ **PRINTED** Name of Peace Officer or Other Person _____ **SIGNATURE** of Peace Officer or Other Person