

AFFIDAVIT

The following is an affidavit in support of an order to be issued by the Judge of the Probate Court, under O.C.G.A § 37-3-4(b) or § 37-7-41(b).

File Number: _____

Comes now, _____, residing at _____
(Affiant or Person who is filing Affidavit as an eye-witness)

_____, _____, _____, _____
(street address) (city) (state) (zip)

for a period of _____ months/years. I have known _____
(subject of this affidavit)

_____ for a period of _____ years/months as his/her _____

(relationship to subject)

The last time I observed the Subject was _____ at _____ (a.m./p.m.).
(Date) (Time)

I have had an opportunity to observe the demeanor and conduct of

_____, whose address
is _____ BY

ACTUALLY SEEING HIM/HER WITHIN THE PRECEDING 48 HOURS.

Predicated on what I **HAVE ACTUALLY OBSERVED HIM/HER DO OR HEARD HIM/HER SAY**, it is my confirmed lay opinion that he/she is:

Initial all that apply:

- (1) _____ A **MENTALLY ILL** a person requiring involuntary treatment and
 - (a) _____ who presents a substantial risk of imminent harm to self or others as manifested by either recent overt acts or recent expressed threats of violence which presents a probability of physical injury to self or other persons, or
 - (b) _____ who is so unable to care for his/her own physical health and safety as to create an imminently life-endangering crisis

- (2) _____ An **ALCOHOLIC** requiring involuntary treatment and
- (a) _____ who presents a substantial risk of imminent harm to self or others as manifested by either recent overt acts or recent expressed threats of violence which presents a probability of physical injury to self or other persons, or
 - (b) _____ who is incapacitated by alcohol on a recurring basis
- (3) _____ A **DRUG DEPENDENT** individual or a drug abuser requiring involuntary treatment:
- (a) _____ who presents a substantial risk of imminent harm to self or others as manifested by either recent overt acts or recent expressed threats of violence which presents a probability of physical injury to self or to other persons, or
 - (b) _____ who is incapacitated by drugs on a recurring basis.

To be more particular, the aforesaid _____ has ACTUALLY DONE OR SAID the following things which form the basis for this declaration, to wit:

SEE ATTACHED SWORN STATEMENTS PREPARED BY EACH OF US INDIVIDUALLY AND INCORPORATED HEREIN BY REFERENCE.

The Affiant (or person giving this account) offers him/her self as witness for examination before the Probate Court of this county so that the truth and particular facts of these allegations may be more fully explored by the Probate Court.

The specific actions and behaviors actually said and done by the subject of this affidavit are described in the following statements by the person giving an account, which forms the basis for this affidavit.

The condition is so serious that the subject should be examined forthwith at an Emergency Receiving facility according to law.

In making the declaration here I, the Affiant, understand that this document is a sworn statement and I further understand that the Official Code of Georgia Annotated section § 16-5-43 provides that a person who maliciously causes the confinement of a sane person, knowing such person to be sane, in any asylum, public, or private, shall upon conviction be punished by imprisonment for not less than one nor more than ten years.

SWORN TO, to this the _____ day of _____, 20_____.

Signature of Affiant

The above person, after being sworn by me, affixed their signature hereto on the above date.

Clerk, Probate Court
Pike County State of Georgia

REFERRAL made to the Probate Court by _____

of the _____ after having *made/not* made a home visit.

Agency

Other information concerning referral:

STATE OF GEORGIA
COUNTY OF PIKE

AFFIDAVIT

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File Number: _____

Comes now, _____, residing at _____
(Affiant or Person who is filing Affidavit as an eye-witness)

_____, _____, _____, _____
(street address) (city) (state) (zip)

for a period of _____ months/years. I have known _____
(subject of this affidavit)

_____ for a period of _____ years/months as his/her _____

(relationship to subject)

The last time I observed the Subject was _____ at _____ (a.m./p.m.).
(Date) (Time)

I have had an opportunity to observe the demeanor and conduct of

_____, whose address
is _____ BY
ACTUALLY SEEING HIM/HER WITHIN THE PRECEDING 48 HOURS.

Predicated on what I **HAVE ACTUALLY OBSERVED HIM/HER DO OR
HEARD HIM/HER SAY**, it is my confirmed lay opinion that he/she is:

Initial all that apply:

- (4) _____ A **MENTALLY ILL** a person requiring involuntary treatment and
(a) _____ who presents a substantial risk of imminent harm to self or others
as manifested by either recent overt acts or recent expressed threats of
violence which presents a probability of physical injury to self or other
persons, or

(b) _____ who is so unable to care for his/her own physical health and safety as to create an imminently life-endangering crisis

- (5) _____ An **ALCOHOLIC** requiring involuntary treatment and
- (c) _____ who presents a substantial risk of imminent harm to self or others as manifested by either recent overt acts or recent expressed threats of violence which presents a probability of physical injury to self or other persons, or
 - (d) _____ who is incapacitated by alcohol on a recurring basis

- (6) _____ A **DRUG DEPENDENT** individual or a drug abuser requiring involuntary treatment:

- (c) _____ who presents a substantial risk of imminent harm to self or others as manifested by either recent overt acts or recent expressed threats of violence which presents a probability of physical injury to self or to other persons, or
- (d) _____ who is incapacitated by drugs on a recurring basis.

To be more particular, the aforesaid _____ has
ACTUALLY DONE OR SAID the following things which form the basis for this
declaration, to wit:

**SEE ATTACHED SWORN STATEMENTS PREPARED BY EACH OF US
INDIVIDUALLY AND INCORPORATED HEREIN BY REFERENCE.**

The Affiant (or person giving this account) offers him/her self as witness for examination before the Probate Court of this county so that the truth and particular facts of these allegations may be more fully explored by the Probate Court.

The specific actions and behaviors actually said and done by the subject of this affidavit are described in the following statements by the person giving an account, which forms the basis for this affidavit.

The condition is so serious that the subject should be examined forthwith at an Emergency Receiving facility according to law.

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SWORN TO, to this the _____ day of _____, 20____.

Signature of Affiant

The above person, after being sworn by me, affixed their signature hereto on the above date.

Clerk, Probate Court
Pike County State of Georgia

REFERRAL made to the Probate Court by _____

of the _____ after having *made/not* made a home visit.

Agency

Other information concerning referral:

NAME : _____ DATE OF BIRTH: _____

CURRENT PHYSICAL ADDRESS: _____

PRIOR ADDRESS IF MOVED IN LAST YEAR: _____

TELEPHONE: _____ (H) _____ (CELL)

DOES ANYONE LIVE IN THE HOUSE WITH THE PATIENT? YES / NO

IF YES, PROVIDE NAME AND CONTACT INFORMATION:

SOCIAL SECURITY NUMBER: _____

DOES THE PATIENT RECEIVE MEDICARE BENEFITS? YES / NO MEDICAID BENEFITS: YES/NO

MEDICARE NUMBER: _____ MEDICAID NUMBER: _____

DOES THE PATIENT HAVE PRIVATE INSURANCE? YES / NO / DON'T KNOW

IF YES, PROVIDE NAME OF INSURANCE PROVIDER AND PATIENT'S ID OR GROUP NUMBER:

DOES PATIENT HAVE CURRENT MENTAL/BEHAVIORAL HEALTH PROVIDER: YES / NO

IF YES, PROVIDE NAME OF PROVIDER: _____

List Previous mental health admissions/place and date _____

IS PATIENT SUICIDAL? YES / NO

DESCRIBE: _____

DOES PATIENT HAVE HISTORY OF ALCOHOL OR SUBSTANCE ABUSE: YES/NO

DESCRIBE: _____

HAS PATIENT RECEIVED TREATMENT FOR ALCOHOL OR SUBSTANCE ABUSE: YES/NO

WHERE: _____

LAST ADMISSION: _____

IS THE PATIENT DIABETIC? YES / NO DOES PATIENT SUFFER FROM DEMENTIA? YES / NO

IS THE PATIENT CURRENTLY SUFFERING FROM ANY CURRENT MEDICAL CONDITIONS THAT MAY NEED IMMEDIATE ATTENTION? YES / NO / DON'T KNOW

IF YES DESCRIBE _____

Medications:

Information provided by: _____

Relationship to Patient: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Place of Employment: _____

Work Phone Number: _____