

ORDER TO APPREHEND INFORMATION SHEET

An Order to Apprehend is an order for an **evaluation only**. It is **not a guarantee** of treatment or admittance into any hospital facility. **Please be advised that this order does not force anyone to receive treatment or take medications as prescribed.**

Name of Patient: _____

Date of Birth: _____

Address: _____

Any mental health issues or diagnosis? _____

Any alcohol use? _____

Any drug use? _____

Has a previous Order to Apprehend been issued? _____

If yes, when? _____

IDENTIFYING INFORMATION

PATIENT NAME: _____
DOB: _____ **RACE:** _____

Affidavits in support of order issued by the Judge of the Probate Court, under Sections 37-3-41(b) and 37-7-41(b) of the Official Code of Georgia Annotated.

STATE OF GEORGIA
COUNTY OF ROCKDALE

AFFIDAVIT

COMES NOW _____, _____ whose
(name) (relationship)
address is _____.

I am a legal resident of _____ County, and the State of _____,
having known patient _____ (months) _____ (years).

Further, _____, _____ whose
(name) (relationship)
address is _____.

I am a legal resident of _____ County, and the State of _____,
having known patient _____ (months) _____ (years).

Both of us have had an opportunity to observe the demeanor and conduct of _____
(patient name)
_____, whose address is _____

_____ BY ACTUALLY SEEING HIM/HER
WITHIN THE PRECEDING 48 HOURS.

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

1. () **A MENTALLY ILL PERSON** requiring involuntary treatment AND
 - a. () who presents a substantial risk of imminent harm to him/herself or others as manifested by either recent overt acts or recently expressed threats of violence which present a possibility of physical injury to him/herself or to 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,

OR

c. () who because of the person's current mental status, mental history, or nature of the person's mental illness is unable to voluntarily seek or comply with outpatient treatment and who is in need of involuntary treatment.

2. () **AN ALCOHOLIC** requiring involuntary treatment AND

a. () who presents a substantial risk of imminent harm to him/herself or others as manifested by either recent overt acts or recent expressed threats of violence which present a probability of physical injury to him/herself or to other persons,

OR

b. () who is incapacitated by alcohol on a recurring basis,

OR

c. () who because of the person's current mental status and recurrent lack of self-control regarding the use of alcoholic beverages or nature of the person's alcoholic behavior is unable to voluntarily seek or comply with outpatient treatment and who is in need of involuntary treatment.

3. () **A DRUG DEPENDENT** individual or **A DRUG ABUSER** requiring involuntary treatment AND

a. () who presents a substantial risk of imminent harm to him/herself or others as manifested by either recent overt acts or recent expressed threats of violence which present a probability of physical injury to him/herself or to other persons,

OR

b. () who is incapacitated by drugs on a recurring basis,

OR

c. () who because of the person's current mental status and recurrent lack of self-control regarding the use of drugs or controlled substances or nature of the person's drug dependency is unable to voluntarily seek or comply with outpatient treatment and who is in need of involuntary treatment.

To be more particular, the aforesaid _____
(patient name)

has ACUTALLY 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 condition is so serious that he/she should be examined forthwith at an Emergency Receiving Facility according to law.

I have offered myself as a 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.

I understand that this document is a sworn statement and I further understand that Section 16-5-43 of the Official Code of Georgia Annotated 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 (1) year nor more than ten (10) years.

SWORN TO, this _____ day of _____, 20__.

Signature of Affiant #1

Signature of Affiant #2

Telephone

Telephone

The above persons, after being sworn by me, affixed their signatures hereto on the date listed above.

Clerk of the Probate Court

ORDER

STATE OF GEORGIA
COUNTY OF ROCKDALE

CASE NO.: _____

To any Peace Officer of said County:

You are commanded to take in custody **Enter Full Name of Patient** who is located at **Enter Complete Address**.

1. () A MENTALLY ILL person requiring involuntary treatment: AND
 - a. () Who presents a substantial risk of imminent harm to him/herself or others as manifested by either recent overt acts or recent expressed threats of violence which present a probability of physical injury to him/herself or to other persons; AND/OR
 - b. () Who is unable to care for his/her own physical health and safety as to create an imminently life-endangering crisis; AND/OR
 - c. () Who because of the person's current mental status, mental history, or nature of their mental illness is unable to voluntarily seek or comply with outpatient treatment and who is in need of involuntary treatment.
2. () An ALCOHOLIC requiring involuntary treatment: AND
 - a. () Who presents a substantial risk of imminent harm to him/herself or others as manifested by either recent overt acts or recent expressed threats of violence which present a probability of physical injury to him/herself or to other persons; AND/OR
 - b. () is incapacitated by alcohol on a recurring basis; AND/OR
 - c. () Who because of the person's current mental status, mental history, or nature of their mental illness is unable to voluntarily seek or comply with outpatient treatment and who is in need of involuntary treatment.
3. () A DRUG DEPENDENT individual or a DRUG ABUSER requiring involuntary treatment: AND
 - a. () Who presents a substantial risk of imminent harm to him/herself or others as manifested by either recent overt acts or recent expressed threats of violence which present a probability of physical injury to him/herself or to other persons; AND/OR
 - b. () Who is incapacitated by drugs on a recurring basis; AND/OR

- c. () Who because of the person's current mental status, mental history, or nature of their mental illness is unable to voluntarily seek or comply with outpatient treatment and who is in need of involuntary treatment.

The Sheriff of Rockdale County and/or his deputies are hereby ORDERED to transport the above, **Enter Full Name of Patient** and deliver him/her to Piedmont Rockdale Medical Center, 1412 Milstead Avenue, Conyers, Georgia 30012---Telephone Number: 770-918-3000 for examination as prescribed by law. This Order expires on **Enter Expiration Date** (seven days after it is executed) at midnight pursuant to O.C.G.A. § 37-3-41(b). IT IS FURTHER ORDERED that upon release from treatment, the treating facility is to contact Viewpoint Health Rockdale Center, 977-A Taylor Street, Conyers, Georgia 30012---Telephone Number: 678-209-2655 to facilitate follow-up treatment for the above-named party.

This _____ day of _____, 20__.

JUDGE GARY W. WASHINGTON
Rockdale County Probate Court
Rockdale Judicial Circuit