STATE OF GEORGIA, COUNTY OF___________________________             DATE ________________

To the Peace Officer:
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 an alcoholic, drug dependent, or a drug abuser requiring involuntary treatment
in that he/she appears to be alcoholic, drug dependent, or drug abusing 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. Is incapacitated by alcoholic beverages, drugs or other substances on a recurring basis.

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

[ ] This Individual appears to be an alcoholic, drug dependent or a drug abuser. My opinion is based on the following
observations: __________________________________________________________________________

This Individual also:

[ ] Has committed/expressed recent overt acts of violence to others.
[ ] Has committed/expressed acts of violence to self.
[ ] Is incapacitated by alcoholic beverages, drugs or other substances on a recurring basis.

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 above-named 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.

__________________________________________________________________________________
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 for this Individual. This certificate authorizes the Peace Officer or other person to deliver the Individ
ual named on this 2013 form to the named facility for examination to determine whether admission is necessary.

_____________________________________________  _____________________________________
SIGNATURE AND PRINTED NAME of staff at Referring Facility   Date:__________20____ Time:_____m

For Receiving Facility Staff Use Only – A copy of form 2013 is placed in the clinical record.
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 37-7-41 and 37-7-42 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 addictive disease services 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_________________________________________________________

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