This is to certify that I have examined ______________________________________, who was admitted to ______________________________________, an emergency receiving facility as defined by Georgia Law, on __________ at __________ (a.m./p.m.). The time of admission to the emergency receiving facility was within forty-eight (48) hours preceding the time of the signing of this certificate. I examined the individual on __________ at __________ (a.m./p.m.). Based on this examination, it is my conclusion that there is reason to believe that the above-named individual may be a mentally ill person requiring involuntary treatment in that he/she may be mentally ill AND (a) may present a substantial risk of imminent harm to himself/herself or others as manifested by either recent overt acts or recent expressed threats of violence which present a probability of physical injury to himself/herself or to other persons, or (b) may be so unable to care for his/her own physical health and safety as create an imminently life-endangering crisis. Based on this conclusion, the above named individual should be evaluated in an evaluating facility for possible admission to a treatment facility.

________________________________________ printed name

________________________________________ signature

DATE ____________________________, 20___ at _____am/pm

NOTE: The signing of this form allows the evaluating facility to admit the individual involuntarily for evaluation for up to five (5) days, not counting Saturdays, Sundays and holidays.