

**NOTICE ACCOMPANYING CERTIFICATE TO TRANSFER  
TO TREATMENT FACILITY**

**FORM 1022  
CSH - 717**

Form 1022 is completed when:

1. Physician and staff recommend client to receive continued treatment involuntarily.
2. To let client know the legal steps of certain rights and information concerning process.

Distribution: Original – Probate Court  
1 – Client  
1 – Medical Record

Hospital

TO: \_\_\_\_\_  
Client

This is to let you know that the staff at the hospital believe you should continue to receive treatment involuntarily and legal steps have been started to require you to receive such treatment. This notice is to let you know you are to be given certain information and to be told about your rights concerning this process. Ask the staff if you have any questions.

1. Attached to this form is a copy of the certificate that has been sent to the court giving the reasons why doctors think you need to continue in treatment.
2. The court will hold a hearing to decide whether or not you should be ordered to continue to have treatment. This hearing will be held at \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_ m.. If the exact time and place are not known now you will be told as soon as it is set.
3. At the hearing you have a right to a lawyer. If you cannot pay for one, you or your representatives may ask the court to appoint one. The staff will give you a form so that you can let the court know whether or not you want a lawyer appointed.
4. Attached to this notice is a copy of your individualized service plan. This plan has been developed to meet what the hospital staff has determined to be your treatment needs. This plan is also being sent to the court and your representatives.
5. You have the right to be examined by a doctor of your choice at your expense. That doctor can also send an individualized service plan to the court to let the court know what he thinks are your treatment needs.
6. You have the right to have a hearing if you want one. This hearing will not be held if you do not want to have it. Not having a hearing means you will agree to follow the treatment plan that is stated in your individualized service plan. Let the staff know in writing if you do not want a hearing. This decision must be made by you, but you may talk with a lawyer before making that decision.

If the client has any questions he should ask the staff on the unit. Representatives may call

\_\_\_\_\_ at \_\_\_\_\_ for more information.  
Staff Member Telephone Number

GEORGIA DEPARTMENT OF HUMAN RESOURCES

Stamp Plate

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Form 1022 (Rev. 08/01) By Authority of Sections 37-3-81 and 37-7-81 of the Official Code of Georgia Annotated.

I have received this form and have had the chance to ask questions.

\_\_\_\_\_  
Signature of Client \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Witness Title \_\_\_\_\_ 20\_\_\_\_

	DATE OF NOTICE GIVEN OR MAILED	SIGNATURE OF STAFF
c: Client	_____	_____
First Representative	_____	_____
Second Representative	_____	_____
Guardian Ad Litem (if applicable)	_____	_____
Clinical Record	_____	_____