



Judy Fitzgerald, Commissioner

DBHDD

**ATTESTATION OF REGIONAL ADVISORY COUNCIL MEMBER**

The purpose of this document is to certify that I am eligible for appointment to the Region 4 Regional Advisory Council.

I Carlton Richard, do solemnly affirm the following:  
Print Name

- I am not a member of a community service board that serves this region
- I am not an employee or board member of a public or private entity that contracts with the Department of Behavioral Health and Developmental Disabilities (DBHDD), the Department of Human Services (DHS), or the Department of Public Health (DPH) to provide health, mental health, developmental disabilities, or addictive diseases services within this region
- I am not an employee of the regional field office of this region
- I am not an employee of this regional field office or employee or board member of any private or public group, organization, or service provider which contracts with or receives funds from this regional office
- I am not an employee or board member of DBHDD, DHS, or DPH
- I do not, on behalf of myself or any business, or for any business that I or my family has a substantial interest in, transact business with this region's Advisory Council
- I am not the spouse, parent, child, or sibling of a council member of the Advisory Council or of any of the members or employees mentioned above on this list
- I have no motivations of private or personal interest that would make my appointment improper or appear improper

**SIGNATURE**

I authorize the verification of the information provided and agree to the request of any additional information. I have received a copy of this application.

Signature of Applicant: Carlton Richard Date: 1.5.22

**IMPORTANT:** Please return completed form to local Field Office.

Region 4 Field Office  
400 S. Pinetree Boulevard  
Thomasville, Georgia 31792