

## MENTAL HEALTH COURT REFERRAL FORM

Date		Referral Source:		Phone
Client Name				DOB
Address/ Phone				Gender
SS#		ICON #		LSI
Pending Criminal Offenses, Case Numbers, and Attorneys involved in the cases.				
Current Pre-trial/ Probation and Case Numbers				
Pending Probation Revocation, Case Numbers, and Attorneys involved in the case.				
Supervision status (Probation/Pre-trial)				
Probation Officer				Phone
Prior Criminal History				
Diagnoses/ Documentation Source/Date				
Substance abuse/ tx history / Dates				
Current Medications				
Other Agency Involvement				
Employment/Income/ Resources				
CPC App Done?/ Date	Yes/No	County of Legal Settlement		
Reason for Referral				

Other Pertinent Information

**For Administrative Use Only**

Review Comments from Mental Health Court Team:

Date reviewed by Mental Health Court Team:

Accepted for Mental Health Court: (yes or no)

Comments: