

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: