

**CONFIDENTIAL**

**Referral/Evaluation Results:** (To be completed after evaluation has been completed)

\_\_\_ Provisionally Appropriate for MMHC Program

\_\_\_ Not Appropriate for MMHC Program due to:

- declined service
- no mental illness
- too violent
- no housing
- released prior to evaluation date
- consent denied
- substance abuse only
- already sentenced
- other \_\_\_\_\_

\_\_\_\_\_  
Evaluator's signature                      date

\_\_\_\_\_  
Signature                                      date

**MISDEMEANOR MENTAL HEALTH COURT PROGRAM REFERRAL**

I. \_\_\_\_\_ Defendant's Name                      Social Security No.

\_\_\_\_\_  
DOB                      Race                      Sex

\_\_\_\_\_  
DOA                      SPN

\_\_\_\_\_  
Jail cell location or (local address)

\_\_\_\_\_  
Indictment/Case Number                      Citation/Warrant

\_\_\_\_\_  
Charge(s)

\_\_\_\_\_  
**Reason for referral** (i.e. basis for determination that defendant may have mental illness related to crime or benefit from treatment services, observations; please be specific):

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<u>Name/title of person completing form</u> [please print]	<u>Telephone No.</u>	<u>Fax number/email</u>	<u>Date</u>
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**II.** ·Previous Contact w/Diversion Treatment Court?: \_\_\_ yes \_\_\_ no

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·Previous Treatment Services? \_\_\_yes \_\_\_no \_\_\_\_\_(where?)  
Previous DCSB \_\_\_yes\_\_\_no : (e.g. Kirkwood, DAC , Peer Support, CST, ACT, Winn Way, Clifton Springs)

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·Does Defendant have a place to live? \_\_\_yes \_\_\_ no.  
·If no, does Def have funds/benefits for housing? \_\_\_yes \_\_\_ no.  
Comments: \_\_\_\_\_

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Next scheduled court date: \_\_\_\_\_ Time: \_\_\_ Courtroom \_\_\_\_\_

Date referral received: \_\_\_\_\_