CONFIDENTIAL MISDEMEANOR MENTAL HEALTH (MMHC) COURT REFERRAL

			Referral/ Ev	aluatio	1 Results:
Defendant's Name		Social Security No.	(To be completed by MMHC after eval has been completed)		
			☐ Provisional	ly Approp	oriate for MMHC Program
DOB	Race	Sex	☐ Not Appropriate for MMHC Program due to:		
			declined ser	vice	consent denied
Defendant's email	address	Defendant's Telephone	no mental il	lness	substance use ONLY
		•	too violent		already sentenced/NP
			no housing		pending felony
Defendant's mailin	g address		other		
Date of arrest		SPN/(SOID#)	Evaluator's signat	ure	Date of Initial Assessment
		,			
			Signature		Date referral closed
Indictment/Case N	umber	Citation/Warrant			
Charge(s)					
8-(-)					
Name/title of person completing form [please print]		Telephone No.	mail address	_	Date
PreviousPreviousIf yes, whDoes Def	Treatment Service DCSB? ☐ Yes ☐	HC/Diversion Treatment Court? ☐ Yes es? ☐ Yes ☐ No (If yes, where?) No (e.g. Kirkwood, DAC, Peer Suppor	t, CST, ACT, Win	n Way, C	
Comments: _	•	e? Yes No (If no, does Def have			
(FOR MMHC USE C	•	e? Yes No (If no, does Def have			
	<u>.</u>	, .			
Date referral rec'd:	ONLY)				
	ONLY)		Accused:		
Next court date/time:	ONLY)		Accused: Arraignment:		
Next court date/time: Division/Judge:	ONLY)		Accused: Arraignment: ASG Approved:		
Next court date/time:	ONLY)		Accused: Arraignment:		

MMHC: Referral Form - all levels of court Rev 1/30/22