DeKalb Misdemeanor Mental Health Court (MMHC) 556 N McDonough St. #1200, Decatur, GA 30030 404-371-3254 (office); 404-371-3206 (fax)

CONFIDENTIAL

MISDEMEANOR MENTAL HEALTH (MMHC) COURT REFERRAL

Defendant's Name _____ **Social Security No.** _____

DOB _____ **Race** _____ **Sex** _____

Defendant's email address _____ **Defendant's Telephone** _____

Defendant's mailing address _____

Date(s) of arrest _____ **SPN/(SOID#)** _____

Indictment/Case Number(s) _____ **Citation/Warrant** _____

Current charge(s) _____

Referral/ Evaluation Results:
(To be completed by MMHC after eval has been completed)

☐ Provisionally Appropriate for MMHC Program

☐ Not Appropriate for MMHC Program due to:

☐ declined service
☐ no mental illness
☐ too violent
☐ no housing
☐ other _____
☐ consent denied
☐ substance use ONLY
☐ already sentenced/NP
☐ pending felony

Evaluator's signature _____ Date of Initial Assessment _____

Signature _____ Date referral closed _____

No. of prior MISDEMEANOR conviction(s): _____ **No. of prior FELONY conviction(s): _____**

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

_____

Name AND Title of person completing form [please print legibly] _____ **Telephone No.** _____ **Email address** _____ **Date** _____

- **Previous Contact with MMHC/Diversion Treatment Court?** ☐ Yes ☐ No **(If yes**, when?)_____
- **Previous Treatment Services?** ☐ Yes ☐ No **(If yes**, where?) _____
- **Previous Claratel Behavioral Health (formerly DCSB)?** ☐ Yes ☐ No **(e.g. Kirkwood, DAC, Peer Support, CST, ACT, Winn Way, Clifton Springs)** If yes, where? _____
- **Does defendant have a place to live**? ☐ Yes ☐ No **(If no**, does defendant have funds/benefits for housing?) ☐ Yes ☐ No

Comments: _____

(FOR MMHC USE ONLY)

Date referral rec'd: _____ Accused: _____

Next court date/time: _____ Arraignment: _____

Division/Judge: _____ ASG Approved: _____

Attorney: _____ Referral entered: ☐ A ☐ C ☐ S

SID#: _____ Referral closed: ☐ A ☐ C ☐ S