

MENTAL HEALTH COURT REFERRAL

Please complete all fields and fax to the Mental Health Court Coordinator at (775) 882-6126 or scan to meadowmary@aol.com

DEFENDANT'S NAME: _____ DOB: _____

GENDER: _____ RACE: _____ SSN (LAST 4 DIGITS ONLY): _____

ARRESTING AGENCY & CASE # _____ ARREST DATE/TIME: _____

ORIGINAL COURT: _____ CASE #: _____ JUDGE: _____

NAME OF PUBLIC DEFENDER: _____

CODE	CHARGE	TYPE (MISDO, GM, F)

HAS THE DEFENDANT PREVIOUSLY RECEIVED MENTAL HEALTH CARE? WHERE? _____

DIAGNOSIS: _____

ATTACH THE FOLLOWING IF AVAILABLE (CIRCLE IF ATTACHED):

- BOOKING SHEET
- PROBABLE CAUSE
- SUBSTANCE ABUSE EVALUATION AND/OR HISTORY
- CASE INFORMATION SHEET
- PRE-SENTENCE INVESTIGATION REPORT
- PSYCHIATRIC EVALUATIONS AND/OR HISTORY

REFERRED BY: _____ RELATIONSHIP: ATTY _____

MENTAL HEALTH COURT USE ONLY:

ACCEPTED

REJECTED

OTHER

COMMENTS: _____

SUBSTANCE ABUSE ISSUES: _____

DATE: _____