

Guilford County Mental Health Court Referral Form

Referral Date: _____ Client in Jail: GBO ___ HP ___ Next Court Date : _____ ()

Client's Name: _____
First Middle Last Date of Birth

Referral <input type="checkbox"/> Judge _____ Source: <input type="checkbox"/> ADA _____ <input type="checkbox"/> Court Svcs _____ <input type="checkbox"/> Self <input type="checkbox"/> other (incl family) _____	<input type="checkbox"/> Def Attorney _____ <input type="checkbox"/> LEO _____ <input type="checkbox"/> Treatment Provider _____
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Homeless: Yes No Address: _____

Telephone: _____
Home Work Cell

Other contact information: _____

<i>CR/CRS #'s</i>	<i>Charge(s)</i>	<i>Class</i>	<i>Level</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach original probation judgment and violation - if referring as a violation.

Attorney's Name: _____ Email: _____

Address: _____

Telephone: _____ Fax: _____ Cell Ph. _____

Medical History if Known

Mental Health Diagnosis: _____

Treatment Provider, if any: _____ Ph. No. _____

History of Medication: _____

Psychiatric Admissions: _____

Drug and Alcohol Use: Yes No History of violence: Yes No Misdemeanor Felony Both

Other Information: _____

Approved by District Attorney's Office

Felony approved for MHC by ADA: _____ Date: _____

District approved for MHC by ADA: _____ Date: _____