

FELONY
MENTAL HEALTH DIVISION REFERRAL SHEET

Date of Referral: _____ Arrest Date: _____ Book In #: _____

Client Name: _____ DOB: _____ Def. Phone _____

Referring Attorney: _____ Atty. Phone #: _____

Email address _____

Case Number: _____ Charge: _____ Court: _____

Why do you think this defendant is a good candidate for a mental health case load?

DO YOU HAVE ANY INFORMATION ON ANY OF THE FOLLOWING?

Behavioral Clues: _____

Diagnosis: Schizophrenia Bipolar Disorder Major Depressive Disorder
 Schizoaffective Disorder Anxiety Disorder None of the Above

Medications: _____

Hospitalizations: _____

Current MH Provider: _____

Northstar: Yes or No

If Yes: Northstar #: _____

If No, are they eligible for Northstar? Yes or No

REQUIRED:

How many times has the case been reset? _____

What is the current State's recommendation? _____

Is the case set for Trial? _____

Court DA signature acknowledging your referral request to mental health:

Signature

Printed Name

***This Referral Sheet **DOES NOT** constitute a "Pass Slip." Continue to pass this case until you are contacted by a Representative of the Mental Health Division.

****This form **DOES NOT** automatically get your case onto a Mental Health case load. The case must still be accepted by the division.