Mental Health Court Referral

INFORMATION

Referral Date: _____ **In Custody?** Yes ☐ No ☐ GSO ___ HP ___

Name: _____ **Date of Birth:** _____

Attorney: _____ **Phone Number:** _____

Referral Source:

_____ JUDGE _____ DISTRICT ATTORNEY _____ PUBLIC DEFENDER _____ PRIVATE ATTORNEY

_____ NCDAC _____ COURT SERVICES _____ TREATMENT PROVIDER _____ SELF/FAMILY _____ OTHER

Is the referred individual a current resident of Guilford County ? Yes ☐ No ☐ Unknown ☐

Address: _____

Phone Number(s): _____

Other Contact Information: _____

COURT INFORMATION

Pending Charge(s): ☐ Superior Court ☐ District Court ☐ Both

ADA assigned to pending charge(s): _____

Have the pending charge(s) been approved for MHC by the assigned ADA? ☐ Yes ☐ No

Consented to by: _____, ADA
Signature of ADA

Is the referred individual currently on probation, parole or post-release? Yes ☐ No ☐ Unknown ☐

PPO's Name: _____

MEDICAL INFORMATION

Mental Health Diagnosis (if known): _____

Treatment Provider (if known): _____

Mental Health Court referrals should be submitted to the respective case coordinator via email, fax or in person.

High Point	**Greensboro**
Brandice Diaz High Point Courthouse, Room 344 bdiaz@guilfordcountync.gov (O) 336-641-2639 (F) 336-885-0845	Greensboro Courthouse, Suite 250 (O) 336-641-3024 (F) 336-641-3037