



APPALACHIAN JUDICIAL CIRCUIT MENTAL HEALTH COURT REFERRAL FORM

- PICKENS COUNTY
 GILMER COUNTY
 FANNIN COUNTY

I. General Information

Date: ____/____/____

Defendant's Name: _____ Date of Birth: ____/____/____

Social Security Number: ____-____-____ Gender: _____ Race: _____

Housing: Yes-with Family Yes-Independent Yes-Group Home Yes-_____ No- Needs Housing

II. Charge Information

Date of Arrest: ____/____/____ Case Number: _____

Jail Location or Local Address: _____

Current Charge(s): _____

Number of Current Criminal Charges: ____ Good Behavior ____ Misdemeanors ____ Felonies

Probation Officer: _____ Phone Number: _____

Status: Bond with Special Conditions without Special Conditions Jail
 Preliminary Hearing Formal Arraignment Pretrial Other: _____

III. Incident Information

At the time of the incident it appears that this individual has a mental illness: Yes No

My Opinion is based on the following observations: _____

While Under My Observation, the Conditions Checked Below Were Present:

- Knew Where He/She was Knew Who He/She was Knew the Approximate Time and Date
 Appeared Calm Was Cooperative Appeared Upset
 Was Combative Made Threats to Harm Self Made Threats to Harm Others
 Unable or Refused to Speak Attempted to Injure or Injured Self Attempted to Injure or Injured Someone Else

Substance Use Problem: Yes No Unknown

IV. Referring Agent

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- Law Enforcement Officer County Jail Judge: Specify Court _____
- District Attorney Public Defender
- Defense Attorney (Private) Treatment Provider Family Member
- Hospital Other: _____

Name/Title of Person Completing Form: _____

Telephone: _____ Fax: _____ Email: _____

Comments: _____

V. Witness Information

Name: _____

Telephone: _____ Fax: _____ Email: _____

Address: _____

Directly Observed Incident: Yes No

Comments: _____

V. Eligibility Information

- (1) Individuals with cases in Appalachian Judicial Circuit including those:
 - (a) Currently incarcerated in a County Jail within the Appalachian Judicial Circuit, OR
 - (b) Charged with an offense in Appalachian Judicial Circuit, OR
 - (c) On probation in Appalachian Judicial Circuit, OR
 - (d) On parole in Appalachian Judicial Circuit
- (2) Individuals with mental health issues including those:
 - (a) Who are "actively or acutely psychotic" (not drug-induced), OR
 - (b) Who are diagnosed with schizophrenia, bipolar disorder, major depression will be targeted, OR
 - (c) As determined by the Review Committee on a case-by-case basis
- (3) Individuals who are Appalachian Judicial Circuit residents
- (4) Individuals who voluntarily choose to participate
- (5) Individuals living outside of Appalachian Judicial Circuit or under the jurisdiction of other counties (as determined by the Review Committee on a case-by-case basis)

To make a referral to the
Appalachian Judicial Circuit Mental Health Court

Fax the completed form to:

Staci Bourke
Coordinator

at fax

706-253-8706