FORSYTH COUNTY MENTAL HEALTH TREATMENT COURT
CLIENT REFERRAL FORM

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND FORWARD IT TO <u>REBECCA LAWRENCE</u> VIA FAX @ (336) 748-3912.
ALL FORMS ARE TO BE FAXED TO REBECCA LAWRENCE REGARDLESS IF IT NEEDS ADA APPROVAL/SIGNATURE.

IT IS YOUR RESPONSIBILITY TO MOVE THE CASE(S) TO THE NEXT MENTAL HEATH COURT DOCKET. IF THIS IS NOT DONE, YOUR CLIENT AND THEIR CASE(S) WILL NOT BE DISCUSSED.

IMPORTANT!!! YOU AND YOUR CLIENT MUST APPEAR IN COURT UNTIL YOUR CLIENT HAS BEEN OFFICIALLY ACCEPTED INTO THIS PROGRAM. OTHERWISE, YOUR CLIENT AND THEIR CASE(S) WILL BE RETURNED TO THEIR ORIGINAL COURT. ATTORNEYS MUST BE IN COURT BY 1:55pm FOR STAFFING. CLIENTS MUST REPORT BY 2:30 pm.

Date of Referral _____   Court Date _____

Clients Name _____   DOB _____ Sex _____ Race _____

Address _____

County of Residence: _____ Phone Numbers: (H) _____ (W) _____ (C) _____

Attorney's Name _____ Attorney's Phone Number(s) _____ _____

Is client currently in custody? YES or NO

Does client have a "legal guardian"? YES or NO   Guardians Name: _____ Phone Number: _____
 (Please provide all legal documentation that verifies this guardianship such as the "Guardian of the Person" court order.)

Please list what your client is charged with (all charges).   YOU MUST INCLUDE ANY CHARGES YOUR CLIENT MAY HAVE PENDING IN OTHER COUNTIES AND STATES. *If there is not enough room provided, please attach additional charges to this form. Please include case number(s).*

_____
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All felony cases, animal cruelty charges, or charges that involve a victim (including misdemeanors), MUST have approval from Assistant District Attorney, Jessica Spencer, *BEFORE* being referred to Mental Health Court for a screening. ***Do not place these cases on the next MHTC docket until approved by the ADA.***

I give my approval for this client to be screened for Mental Health Treatment Court.   _____ _____

                                                                                                         Philip Taylor, ADA   Date

Does your client report a history of mental illness? YES or NO

Does your client currently receive any type of mental health treatment? YES or NO
If yes, where does your client currently receive services? _____

Have you had your client evaluated recently by a local forensic examiner? YES or NO (if Yes, please attach a copy of the examiner's findings to this referral)

Is there any question regarding competency issues? YES or NO

For Office Use Only   **Date Referral Received** _____   **Date Client Screened** _____   **Court Date** _____

Updated 11/2023