



FORSYTH COUNTY MENTAL HEALTH TREATMENT COURT COMMUNITY REFERRAL FORM

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND FORWARD IT TO Keisha Springs VIA FAX @ (336) 748-3912.

PLEASE NOTE: All felony cases, animal cruelty charges, or charges that involve a victim (including misdemeanors) must have approval from the Assistant District Attorney **BEFORE** a Mental Health Court screening will be completed.

***If you are aware the client has a felony or violent charges, please attach a signed release of information form between the District Attorney's office and Keisha Springs and Forsyth County Behavioral Health Stepping Up Program.**

Agency name/Contact person _____ Phone _____ E-mail _____

Date of Referral _____ Court Date, if known _____

Clients Name _____ DOB _____ Sex ____ Race ____

Address _____

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

Does the client have an Attorney? **YES or NO**

If yes, Attorney's Name _____ Attorney's Phone Number(s) _____

***If you are aware the client has an attorney, please attach a signed release of information form between the Public Defender's Office/Court-appointed attorney/Attorney and Keisha Springs and Forsyth County Public Health Stepping Up Program.**

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 guardianship such as the "Guardian of the Person" court order.**

Does the client currently receive any type of mental health treatment? **YES or NO**

If yes, where does the client currently receive services? _____

****If applicable, attach most recent psychiatric evaluation and last 2-3 medication notes.**

For Mental Health Court Liaison Use Only

Date Referral Received _____ Date Client Screened _____ Court Date _____

Pending charges:

Follow-up made:

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. _____
MHC ADA _____ Date _____