

REFERRAL FORM

STATE OF MICHIGAN

TUSCOLA MENTAL HEALTH COURT

HON. AMY GRACE GIERHART

440 NORTH STATE STREET, CARO MI, 48723

(989) 672-1298 OR (989) 325-1785

FAX NUMBER: (989) 672-1895

Date: ____ / ____ / ____

Case# _____

Referral source: _____ Relationship to Client: _____

Client Name: _____

Client Phone: _____

Client Address: _____

DOB: _____ Gender: _____

Is this person a resident of the county? Y ____ N ____

Current Charge(s): _____

On Bond: Y ____ N ____ Incarcerated: Y ____ N ____

Plea Hearing Date: _____ Sentencing Date: _____

Attorney (name, telephone, fax): _____

Provided copy of Complaint and Police Report via fax (989) 672-1895

(Attention: Melissa Caister)

Following for office use only:

Date referred for legal screening: _____ Date Screened: _____

Eligible for Tuscola Mental Health Court: Yes ____ No ____

If applicable, Date referral source notified: _____

Date referred for clinical assessment: _____ Date Clinical completed: _____

Eligible for Tuscola Mental Health Court: Yes ____ No ____

Date Referral source notified: _____

Admitted into program: Yes ____ No ____ Date: _____