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DeKalb Misdemeanor Mental Health Court (MMHC) 556 N McDonough St. #1200, Decatur, GA 30030 404-371-2241 (office) 404-371-2683 (fax)

CONFIDENTIAL
MISDEMEANOR MENTAL HEALTH (MMHC) COURT REFERRAL

I._____ _____
Defendant's Name **Social Security No.**

_____ _____ _____
DOB **Race** **Sex**

_____ _____
Defendant's Address **Defendant's Telephone**

_____ _____
DOA **SPN**

_____
Jail cell location or (local address)

_____ _____
Indictment/Case Number **Citation/Warrant**

_____
Charge(s)

Referral/ Evaluation Results: (To be completed by MMHC after eval has been completed)

____Provisionally Appropriate for MMHC Program

____Not Appropriate for MMHC Program due to:

- ☐ declined service
- ☐ consent denied
- ☐ no mental illness
- ☐ substance abuse only
- ☐ too violent
- ☐ already sentenced
- ☐ no housing
- ☐ other_____
- ☐ released prior to evaluation _____ date

_____ _____
Evaluator's signature date

_____ _____
Signature date

Reason for referral (i.e. basis for determination that defendant may have mental illness related to crime or benefit from treatment services, observations; please be specific):

_____

_____ _____ _____ _____
Name/title of person completing form **Telephone No.** **Fax number** **Date**
[please print]

II.

- **Previous Contact w/Diversion Treatment Court?:** _____ Yes _____ No If yes, when? _____
- **Previous Treatment Services?**: _____ Yes _____ No (Where?): _____
- **Previous DCSB?** _____ Yes _____ No **(e.g. Kirkwood, DAC, Peer Support, CST, ACT, Winn Way, Clifton Springs)**

  If yes, where? _____
- **Does Defendant have a place to live**? _____ Yes _____ No
- **If no**, does Def have funds/benefits for housing? _____ Yes _____ No

Comments: _____

Next scheduled court date: _____ Time: _____ Courtroom: _____

Date referral received: _____