

Referral
MMRMHC

Submit completed form to:
Program Coordinator-Daisy Beckett
989-954-8215-phone
989-875-5343-fax
mentalhealthcourt@gratiotmi.com

Date: _____ Referral Source: _____

Name: _____

Address: _____

Phone #/email: _____

DOB: _____ Gender: _____

Defense Attorney (name and contact information-if known) _____

Please provide additional information if known

Is this person a resident of the county? Yes ___ No ___

Is this person incarcerated at the time of the referral date? Yes ___ No ___

Current charge(s): _____ Sentenced: Yes ___ No ___

Sentence date: _____

Mental Health Diagnosis: _____ Medication(s): _____

Drug or Alcohol Use: Yes ___ No ___ Drug of choice(s): _____

Eligibility Criteria:

Legal: Cannot be an individual who is currently charged with, or has been convicted of, an offense involving the death of, or a serious bodily injury to, any individual, whether or not any of these circumstances are an element of the offense, or with criminal sexual conduct in any degree.

Clinical: Must have an axis I diagnosis that is severe and persistent, for which there is a known treatment, and is tied to the criminal charge. Cannot have an axis II diagnosis (DSM IV).

Other: must be a resident of Gratiot, Montcalm, or Clinton County