



Mental Health Court & Veterans Court

Thurston County District Court

REFERRAL FORM

Please fill out this form as completely as possible and return by email or fax

Email: staci.coleman@co.thurston.wa.us | Fax: (360) 867-2036

REFERRENT	DEFENSE	PROSECUTOR
Referral Date	Defense Attorney	Assigned DPA
Referred by (Name)	Phone:	Is the DPA in support of MHC/VC?
Phone:	Email:	Yes
Email:	Fax:	Screening Only
Relationship to Defendant:		

DEFENDANT			
Last Name:	First Name:	Middle:	
Primary Phone Number	Birthdate	Gender	
		<input type="checkbox"/> Female	
Alternate Phone Number	Full Address <i>or</i> <input type="checkbox"/> Homeless	<input type="checkbox"/> Male	
		<input type="checkbox"/> Other:	
Veteran Status*:	Veteran Active Duty N/A	* <i>Provide DD-214 or Enlisted Record Brief, if available</i>	
Custody Status		<input type="checkbox"/> In custody at TCCF ARC	
<i>Select which status applies</i>		<input type="checkbox"/> In custody at Nisqually Jail	
<input type="checkbox"/> Not in custody		Has a Pre-Trial Diversion/Release Plan been requested? If so,	
<input type="checkbox"/> Not Arrested <i>or</i> <input type="checkbox"/> Released on bail/PR/release plan		what is the status?	

CASE INFORMATION			
Referred Case Number(s)		Referred Charge(s)	
Other Pending Cases in Thurston County		Other Pending Cases in other Jurisdictions	
Warrants	<input type="checkbox"/> None <input type="checkbox"/> Active Warrants		
Jurisdiction:		When:	Reason:
Jurisdiction:		When:	Reason:
Jurisdiction:		When:	Reason:

BASIS FOR REFERRAL

Why do you think this case would be a good referral to Mental Health Court or Veterans Court? (Behavior at the time of arrest, recent psychiatric hospitalization, etc.)

TREATMENT HISTORY

Current or most recent treatment (agency)	When	Where (City/State)
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DOCUMENTS NEEDED FOR REFERRAL PROCESSING

Completed Referral Form	<input type="checkbox"/> Included	<input type="checkbox"/> Pending	<input type="checkbox"/> N/A
PC Statement or Police Report	<input type="checkbox"/> Included	<input type="checkbox"/> Pending	<input type="checkbox"/> N/A
PTS Report (or other complete criminal history report)	<input type="checkbox"/> Included	<input type="checkbox"/> Pending	<input type="checkbox"/> N/A
Competency Evaluation/Restoration Report	<input type="checkbox"/> Included	<input type="checkbox"/> Pending	<input type="checkbox"/> N/A
Current or more recent (within the last year) mental health evaluation or documentation of mental health diagnosis (letter from provider)	<input type="checkbox"/> Included	<input type="checkbox"/> Pending	<input type="checkbox"/> N/A
DD-214 or other military status documentation	<input type="checkbox"/> Included	<input type="checkbox"/> Pending	<input type="checkbox"/> N/A