



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: alexandria.davidson@co.thurston.wa.us | Fax: (360) 867-2036

REFERENT	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 or <input type="checkbox"/> Homeless	<input type="checkbox"/> Male
		<input type="checkbox"/> Other:
Veteran Status*: Veteran Active Duty N/A	* Provide DD-214 or Enlisted Record Brief, if available	
Custody Status Select which status applies	<input type="checkbox"/> In custody at TCCF ARC	
<input type="checkbox"/> Not in custody	<input type="checkbox"/> In custody at Nisqually Jail	
<input type="checkbox"/> Not Arrested or <input type="checkbox"/> Released on bail/PR/release plan	Has a Pre-Trial Diversion/Release Plan been requested? If so, 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)

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