BENTON COUNTY DISTRICT COURT
MENTAL HEALTH COURT

Referral Form

Please Fax to: (509) 222-3758 Attn: Tara Symons

_____
Defendant Name – Last, First, Middle Initial

_____ _____
DOB Referral Date

_____
Current Location (Inmate, Address)

_____
Phone Number

_____
Defense Attorney

Hearing: Pre-Trial ☐
Arraignment ☐
Show Cause ☐
Other: ☐ _____

Check if DV

Case 1_____ ☐
Charge_____

Case 2_____ ☐
Charge_____

Case 3_____ ☐
Charge_____

Case 4_____ ☐
Charge_____

Reason(s) for the Referral: (Check all that apply)

- ☐ Possible suicide risk/danger to others
- ☐ Possible inability to care for self in or outside of the jail setting
- ☐ Possible evidence of mental disorder (e.g. psychosis, depression)
- ☐ Possible evidence of substance dependence/abuse **IN ADDITION TO** mental disorder
- ☐ Possible Felony Reduction (**Required**: Prosecutor must sign below)
- ☐ Other: _____

Brief summary of the presenting problem (**Required**): _____

_____

_____

Referred by:
- ☐ Judicial Officer
- ☐ Prosecuting Attorney
- ☐ Other
- ☐ Law Enforcement
- ☐ Treatment Provider
- ☐ Jail
- ☐ Defense Attorney
- ☐ Probation

_____ _____
Referring Party – Please Print Name Prosecuting Attorney (Required for Felony Reduction)

_____
Referring Party's Firm/Agency

_____
Referring Party's Telephone Number

Questions? Please contact Tara Symons, MSW, Mental Health Court Manager – (509) 735-8476 ext. 3257