



JACKSON COUNTY

Health & Human Services



Jackson County Mental Health Court

REFERRAL FORM

Please complete all fields and email to the Mental Health Court Coordinator at MHCOURT@jacksoncounty.org
 For questions, please contact the Mental Health Court Coordinator at 541-776-7171 ext. 215

| | |
|----------------------|---------------------------------|
| Date of Referral: | |
| Defendant's Name: | Defendant's Contact Information |
| | Phone: |
| Defendant's Address: | Email: |
| | Other: |
| DOB: | |

| | |
|--------------------------------|---------------------|
| Referred by (name): | Contact Information |
| | Phone: |
| Referring Agency/Relationship: | Email: |
| | Other: |

| | |
|--------------------------------------|--|
| Court Case Number: | Incident Date: |
| Current Charges: | |
| | |
| Are any of these Measure 11 charges? | If yes, do any exceptions/opt out apply? |
| | |
| Defense attorney/agency: | Prosecuting Attorney: |
| Phone: | Phone: |

| | |
|--|--------------------|
| Mental Health Diagnosis: | Date of diagnosis: |
| | |
| Who provided the diagnosis/assessment? | |
| | |

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|--|-------------|
| Any Substance Abuse Issues? (If yes, please briefly describe): | Onset date: |
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