

Mental Health Docket Referral Form Miami County Court of Common Pleas

Please complete the information below and send to MHD Coordinator Email:
sbacon@miamicountyohio.gov.

Offender's Information (please print):

Name (Last, First, and Middle Initial): _____

DOB: _____ Age: _____ Gender: Male / Female

Street Address: _____

City: _____ Zip Code: _____ Cell Phone: _____

Case No./Case Status: _____ Incarcerated – Where: _____

Charges: _____

On Supervision with another court: yes / no Court: _____

Current treatment provider name and phone: _____

Current prescribed medications: _____

Referred by: _____ Phone Number: _____

Employer: _____ Job Title: _____

QUALIFYING FACTORS: (circle all factors that apply)

1. Clinical Eligibility Criteria: A) Diagnosed with a moderate to serious mental illness. The participant must have completed a mental health assessment by a certified licensed provider. B) Must be able to understand and comply with program requirements.

2. Other Eligibility Criteria: A) No physical health issues, which might hinder participation in the program. (will be reviewed on a case by case basis) B) The defendant is receptive to receiving treatment. C) Judge has the sole discretion in the admissibility to Mental Health Docket. D) If ORAS score is very high risk, may not be eligible. Such score requires specific review on an individual case basis.

3. Legal Criteria: A) Intervention in Lieu of Conviction; or, B) Charged with a felony offense less serious than a felony of the second degree; excluding Sex Offenses and certain crimes involving child victims. C) The defendant has entered a guilty plea ; D) Sentenced to Mental Health Docket as part of ILC/Community Control placement and/or through Judicial Release.

Signature: _____ Date: _____

Legal Criteria Clinical Criteria

Date Referral Received _____