WELLNESS COURT REFERRAL FORM

Demographics			
Full Name		DOB	Date
SS#	Gender	Race	
Home Address		Home Phone	Cell Phone
Has individual ever served in the armed forces?		Yes ☐	No ☐
Court Involvement Information			
CF#		CM#	
# Current Felony Charges:		# Current Felony Charges:	
Is individual currently incarcerated?		Yes ☐	No ☐
If Yes where:		Date of incarceration	
Total # Prior Arrests?	Total # Felony Sentences?	Total # Prior Misdemeanor Charges:	
Any other outstanding charges /detainers? OSW		Yes ☐	No ☐
If Yes explain:			
Is individual currently on probation?		Yes ☐	No ☐
Wellness Information			
Wellness Diagnosis:			
Current Medications:			
Drug and/or Alcohol use?	Yes ☐	No ☐	Unknown ☐
Currently in treatment? Yes ☐	Treatment Provider:		No ☐
Insurance: ☐ ð None ☐ Medicare ☐ Medicaid ☐ Private			
Referral Information			
Referral Source:		Referral Source Phone:	
Relationship to individual:			
Is individual aware of referral?		Yes ☐	No ☐

Some indicators of severe mental illness (check those observed or reported):

□ Auditory and/or visual hallucinations	□ Irrational/bizarre behavior
□ History of psychiatric hospitalization	□ Suicidal behavior
□ Severe depression	□ Manic behavior/speech, racing thoughts
□ Delusional thoughts	□ Self-injurious behavior

Referral Form Should Be Forwarded To The Alternative Court Coordinator

20TH District Division II Treatment Court, Inc. P.O. Box 719 Madill, OK 73446

OFFICE PHONE: (580) 257-2002

EMAIL: 20thmhc@gmail.com

FOR ADMINISTRATIVE USE ONLY	
DATE RECEIVED BY COORDINATOR:	REFERRED FOR ASSESSMENT: AGENCY:

Type of Risk Assessment Used:

Score:

What was the risk level?

High Low Moderate Moderate High Very High

Is the Individual Eligible? Yes No

If yes, was the individual accepted into the program? Yes No

If accepted:

Treatment provider:

Is the individual AWOL? Yes No

X_____ _____
Alternative Court Coordinator Date

FOR DISTRICT ATTORNEY USE ONLY

Form received by: Assistant District Attorney _____

Participation in the Alternative Court Program is:

Approved Denied

If denied, reason for denial.

DA Refused

Ineligible Charge

Judge Refused

Low Risk Assessment

Low Treatment Need Results

Other Team Member Refused