

**SANGAMON COUNTY MENTAL HEALTH RECOVERY COURT
REFERRAL FORM**

Defendant's full name: _____

Date: _____

DOB: _____ Sex: Male Female Race: _____

Address: _____
(House #, Street) (Apartment/Lot #) (City, State, Zip)

Cell Phone: _____ Home/Other Contact: _____

Is defendant in custody? Yes No PTR: Yes No

Present Offense(s) Felony: Yes No Non-Violent: Yes No

Offense(s) / Case Number(s): _____

Defendant Profile:

Age 17 or above: Yes No Admits to drug use: Yes No

Prior Drug Court: Yes No Lives in Sangamon County: Yes No

History of violent convictions in the past 10 years: Yes No

Prior Military Service Veteran: Yes No

Discharge Type: Honorable Less than Honorable

Willing to participate in Mental Health treatment: Yes No

Comments: _____

States Attorney: _____ Date: _____

Public Defender/Private Attorney: _____ Date: _____