

Participant Referral Form

Full Name (First, Middle and Last): _____

Previous Names (Including maiden, nicknames, alias): _____

Male Female DOB: _____ Race: _____ Veteran: No Yes

Current Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ IDN: _____

Docket Number (s): _____

Currently incarcerated? If yes, where? _____

Do you have a pending application with another Specialty Court or Recovery Court?

Sentencing Judge: _____ CCO/Probation Officer: _____

Diagnosis(es): _____

If there is not a current or past primary mental health diagnosis, please explain why you feel this individual would be a good candidate and would likely meet the criteria of the program:

I, _____, would like to apply for admission into the 23rd Judicial District Mental Health Court and hereby consent to communication between:

_____	_____	_____
Applicant's Attorney Name	Attorney's Phone #	Fax #

Referral Source (if different from above) Name and Contact: _____

The 23rd Judicial District Mental Health Court, And

Dickson County General Sessions Court
Dickson County Criminal Court
23rd Judicial District Attorney General's Office
Mid-Cumberland Community Corrections

23rd Judicial District Public Defender's Office
Tennessee Board of Probation and Parole
Dickson County Probation and Pretrial Release
23rd Judicial District Circuit Court

The purpose of and need for the disclosure is to inform the agency/Individual(s) listed above of admission recommendation into the program. The extent of information to be disclosed is interview date, admission recommendation, admission date, and place of residence upon admission. I understand that this consent will remain in effect until there has been a formal and effective decision about my acceptance into the 23rd Judicial District Mental Health Court. I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.

Signature of Applicant: _____ Date: _____

Signature of Defense Attorney: _____ Date: _____

Official Use for DA Representative Only:

Approved Denied Signature: _____ Date: _____