

**KING COUNTY DISTRICT COURT REGIONAL MENTAL HEALTH COURT & REGIONAL VETERANS COURT
--DEFENSE ATTORNEY SUPPLEMENTAL REFERRAL FORM --**

Date of Referral:	Defense Attorney:
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Defendant Name(s): _____ Phone: _____ Homeless

Cause Number(s): _____ Address: _____

Charge(s): _____ Email: _____

In-custody Location (if applicable): <input type="checkbox"/> KCCF (SEA) <input type="checkbox"/> MRJC <input type="checkbox"/> ISS <input type="checkbox"/> SCORE <input type="checkbox"/> Kirkland <input type="checkbox"/> Kent City <input type="checkbox"/> Other Please list other warrants and jail holds:	Current days of jail credit on this case (if any): _____ Current Sentencing Recommendation (if any):
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Please answer the following questions to the best of your ability, and include any additional documents (*mental health records, psychiatric evaluations, competency evaluations, etc.*):

Diagnosis:		United States Military status?	
Current Mental Health treatment?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown Location:	Psychiatric Medications?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown Current: Past:
Previous Psychiatric Hospitalizations?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown Location:	Current Chemical Dependency Treatment?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown Location:
Health Care Coverage?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown Type:	Medical Marijuana Prescription?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown *Marijuana use will be reviewed based on the RMHC & RVC Policy.

All must be agreed before the case(s) can be accepted:

<input type="checkbox"/> The defense attorney has reviewed discovery, legal defenses, trial rights, and the legal expectations of RMHC or RVC with the defendant. The defendant has been notified that if he or she is accepted and agrees to enter RMHC or RVC there will NOT be a trial.
<input type="checkbox"/> The defendant agrees to mental health treatment, including medications as required by the prescriber, chemical dependency treatment (if appropriate), no use of non-prescribed drugs, alcohol, or *marijuana, 24 months of supervision, frequent court reviews, and any additional conditions of treatment for RMHC or RVC.