

KING COUNTY DISTRICT COURT REGIONAL MENTAL HEALTH COURT- Revised 7/2014
REFERRAL TO REGIONAL MENTAL HEALTH COURT (RMHC)
For City Prosecutors

Email this form with a complete copy of discovery to: paomhc@kingcounty.gov

Date Referred: _____

Referring Jurisdiction: _____ Case Number(s): _____

Charge(s): _____

Defendant Name: _____ DOB: _____

of Days In Custody at time of referral: _____

Defendant's Current Location:

In Custody at _____ Transport contact _____

Out of Custody (Please provide *current* information from defense):

Address: _____

Phone Number: _____

Contact Information:

City Prosecutor: _____ Phone: _____

Email: _____

City Prosecutor's Sentence Recommendation (*referral will not be processed if this section is empty*):

Rec: _____

City Defense Attorney: _____ Phone: _____

Email: _____

City Court Contact (if applicable): _____ Phone: _____

Email: _____

Briefly state basis for referral to RMHC, including diagnosis and amenability to treatment:
