**Legal Intervention and Network of Care (LINC)**

Send referrals to LINC Coordinator, Jon Bibler

Phone: (206) 503-3626

Email: LINCreferral@chmha.org

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|  |  |
| --- | --- |
| Referral source (name/organization): |  |

|  |  |
| --- | --- |
| Contact information: |   |

|  |  |
| --- | --- |
| Referral date: |  |

**Referral to Diversion Program: Legal Information**

|  |  |
| --- | --- |
| Individual's name: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DOB: |  |  | [ ]  | Male | [ ]  | Female | [ ]  | Gender nonconforming |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Booking date: |  |  | Currently in custody: | [ ]  | Yes | [ ]  | No |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Facility: | [ ]  | KCCF | [ ]  | MRJC | [ ]  | SCORE | [ ]  | City of Kent Jail | [ ]  | Other: |  |

|  |  |
| --- | --- |
| Arresting jurisdiction: |   |

|  |  |
| --- | --- |
| Offense: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Misdemeanor | [ ]  | Felony (please check) |  Case #: |  |

|  |  |
| --- | --- |
| If assault, please describe: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Charges filed: | [ ]  | Yes | [ ]  | No | Current competency order: | [ ]  | Yes | [ ]  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has competency been raised within the last 12 months: | [ ]  | Yes | [ ]  | No |

|  |  |
| --- | --- |
| Defense attorney (name/agency/contact): |  |

|  |  |
| --- | --- |
| Prosecutor (name/agency/contact): |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Next hearing: | Date: |  | Time: |  | Court: |  |

|  |  |
| --- | --- |
| Courtroom: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Currently on medication: | [ ]  |  Yes | [ ]  | No | Releasing with medications: | [ ]  | Y\* | [ ]  | N\* |

\*attach med orders

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Stable: | [ ]  | Yes | [ ]  | No |

|  |  |  |
| --- | --- | --- |
| Housing Status: | Housed [ ]  Known address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Not housed | [ ]  | Unknown |

Comments:

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prosecutor requests monthly progress reports | [ ]  | Yes | [ ]  | No |

|  |  |
| --- | --- |
| If yes, number of months requested: |  |

**LINC PROGRAM STAFF:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | ECLS Lookup |  | [ ]  | Active Medicaid |
|  |  |  | [ ]  | ABP  | [ ]  | CNP | [ ]  QMB | [ ]  | CNP/QMB |  |

|  |  |  |
| --- | --- | --- |
| [ ]  |  | Inactive Medicaid |

KCID: ProviderOne number:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Current enrollment in behavioral health services? | [ ]  |  | Yes | [ ]  | No |   |

|  |  |  |
| --- | --- | --- |
| Agency and program name: |  |  |

|  |  |
| --- | --- |
| Mental Health and/or SUD diagnosis: |  |

Mental Health/SUD case manager (agency/name/contact info), and additional information:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Assigned LINC Specialist: |  |

|  |  |
| --- | --- |
| Screening date/place: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Release of Information obtained at screening: | [ ]  | Yes | [ ]  |  No |

|  |  |  |
| --- | --- | --- |
| Legal competency: | [ ]  | (in-custody referrals AND competency currently raised, or has been |
| raised within the previous 12 months) |
| On Competency List? | [ ]  | Yes | [ ]  | No |

|  |  |  |
| --- | --- | --- |
| Prosecutorial diversion: | [ ]  | (prosecutor agreeing to not file charge(s) or dismiss charge(s) if LINC amenable/eligible) |

**King County Behavioral Health and Recovery Division Contact**

Shanna Clinton

(206) 263-5747

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