

DATE: _____

MHPTI REFERRAL FORM

Client Name: _____

Case #: _____

Judge/Division: _____

Next Court Date: _____

Referral contact (name, email, ph #): _____

ASA that offered MHPTI (name and email): _____

Have you reviewed the referral criteria on the court website? _____ Link: www.Fljud13.org

Does this client have a prior Felony OR ever been in a PTI program before? Yes No

*If no, then eligible. If yes, explain why this person qualifies and also need approval from ASA supervisor via email at the address below before continuing with the referral process.

Why does this person qualify for *Mental Health* PTI?

History of past mental health treatment/hospitalizations: when/where _____

Reporting significant symptoms of mental illness: what? _____

*Persons with sole diagnosis of intellectual disability/neurocognitive disorder or substance abuse problems are not eligible.

Client Status: Jail? ORJ FRJ

Homeless shelter? _____

Client permanent contact info (ph #, address): _____

ADDITIONAL CLIENT INFORMATION: (ex. Already linked to services, relevant info, family contacts)

Please submit information to Sherry Hughes, Mental Health Court

Liaison, Sherry.Hughes@fljud13.org, (Office) 813-276-8755.

Thank you for the referral!