



**ALLEGAN COUNTY
MENTAL HEALTH COURT
REFERRAL/ASSESSMENT FORM**

57th District Court
113 Chestnut Street
Allegan, MI 49010
(269) 673-0400 phone • (269) 673-0490 fax
districtcourt@allegancounty.org email

NON-PUBLIC RECORD

REFERRAL

Date of Referral: _____ Court Case #(s): _____ Next Court Date/Time: _____

Client's Name: _____ (Last, First, Middle)

Client's Address: _____

DOB: ____/____/____ Address City State Zip Code
Gender: Male Female Race: _____

Phone Number: (____) _____ Cell Home Work None

Why should this person be referred to ACMHTC?

Referral Name/Relationship: _____ Contact number: _____

ASSESSMENT (to be filled out by Case Manager/Court Coordinator)

Allegan County Jail currently? Yes No If yes, date of admittance? _____

Employed? Yes No If yes, where _____ Length of Time? _____

Does referral receive? SSI SSDI Medicaid Medicare VA pension Other NONE

Social Security No.: ____ - ____ - ____

Current Criminal charge(s) pending _____ Assault risk? Yes No

Trial Status – scheduled for: Arraignment Pre-trial Settlement Trial PROBATION

MEDICAL

Mental Health Diagnosis: _____

Current Treatment Provider: _____

Medications: _____

Any prior in-patient psychiatric hospitalization? Yes No

If yes, where and when? _____

SUBSTANCE ABUSE HISTORY

Prior Substance Abuse Use? Yes No Drug(s) of choice: _____

ALCOHOL USE:

Years using alcohol? _____ Amount consumed weekly/daily: _____

Any prior treatment programs for drugs and alcohol? Yes No

Where and when? _____

REFERRAL FORM SHOULD BE FORWARDED TO:

57TH DISTRICT COURT, ATTENTION: MHTC, 113 CHESTNUT STREET, ALLEGAN, MI 49010 or emailed districtcourt@allegancounty.org