

# FIRST JUDICIAL DISTRICT MENTAL HEALTH COURT

## ELIGIBILITY SCREENING FORM

Defendant: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

### LEGAL ELIGIBILITY SCREENING

Case #:	Charge(s):	___ Felony ___ Misdemeanor
Mentally Ill Plea: ___ YES ___ NO	Type: ___ GBMI ___ NGRI ___ Diminished Capacity ___ Incompetent to Proceed	
Legal Exclusions: ___ Violent Offender ___ DUI/Drug Related Offense ___ Sexual Offender ___ Repeat Offender ___ None		
Civil Commitment/ State Hospital Candidate: ___ YES ___ NO	Meets Legal eligibility Criteria: ___ YES ___ NO	
Comment:		

\_\_\_\_\_ County Attorney

\_\_\_\_\_ Date

### CLINICAL ELIGIBILITY SCREENING

Primary Diagnosis:	Secondary Diagnosis::
Axis II Diagnosis:	SPMI Designation: ___ YES ___ NO
Current Drug and/or ETOH use: ___ YES ___ NO ___ ?	Substance Induced Disorder: ___ YES ___ NO ___ ?
Psychiatric Hospitalization History: ___ YES ___ NO ___ ?	___ Acute Inpatient Hospital History ___ State Hospital History
Funding:	Meets Clinical Eligibility Criteria: ___ YES ___ NO
Comment:	

\_\_\_\_\_ Assessing clinician

\_\_\_\_\_ Date

### VOLITIONAL ELIGIBILITY SCREENING

Defendant has been informed about possible Mental Health Court requirements such as weekly court appearances, medication compliance, verifiable and stable drug-free residence, no alcohol consumption or illegal drug use, random urinalysis, and expected completion of recommended mental health treatment.	YES	NO	N/A
Defendant consents to participation in mental health court and has signed required authorizations for disclosure and Mental Health Court agreement.	YES	NO	N/A

\_\_\_\_\_ Mental Health Court/Program Staff

\_\_\_\_\_ Date