



Criminal Justice Resource Center

326 East Main Street
Durham NC 27701

Mental Health Court Diversion Program Referral

Client's Name: _____ Date of Birth: _____ Referral Date: _____

Complete Address: _____

Opus # (if applicable): _____ Phone: (Home) _____ (Cell): _____

Gender: M or F Custody Status: Jail PTR ROR Bail \$ _____ Date Posted: Click or tap to enter a date.

Referring Person: _____ Email Address: _____ Phone#: _____

Client Attorney: _____ Email Address: _____ Phone#: _____

Charge Information

Current Durham County Charge(s):

Charge (s)	Docket Number	Date of Arrest	Felony/Misdemeanor
		Click or tap to enter a date.	
		Click or tap to enter a date.	

Indicate if Defendant is on Probation: Yes No Probation Officer Name: _____

Indicate if Defendant has any pending cases in other jurisdictions: Yes No

If so, indicate what jurisdiction(s) and the specific charge(S): _____

Charge (s)	Docket Number	Date of Arrest	Felony/Misdemeanor
		Click or tap to enter a date.	
		Click or tap to enter a date.	

Clinical History

Indicate if a Competency Exam/Evaluation is being contemplated or if one has been ordered: Yes No

Mental Health Diagnosis (if known) or observations (Reason for Referral) _____

Drug/Alcohol Use:

Alcohol Marijuana Cocaine Methamphetamine Other _____ Not Known

Treatment History:

Submit Referral to:

Email: crshaw@dconc.gov or Fax: (919) 560-0504



Consumer Name: _____ DOB: _____
Record Number: _____

Consent for Communication of Confidential Information Among Mental Health Court Core Team Members

I, _____ hereby authorized the 14th Judicial District's Mental Health Court (MHC) Program to disclose to,
Consumer Name
and receive information from the following members of the 14th Judicial District's Mental Health Court Team:

- Presiding Judge
Representative of the District's Attorney's Office
Defense Attorney or Representative of the Public Defender Office
Representative of the Division of Community Corrections
Representative of the Division of Community Corrections
TASC
Representative of Treatment Program (s): _____ (Identify Provider(s) Name)
Local Police/Sheriff Department
Emergency Department (Duke, Duke Regional, UNC)
Recovery Innovations
Alliance Behavioral Healthcare

The purpose of the disclosure is to inform the Mental Health Court of my progress in the Mental Health Court Diversion Program. The information disclosed may include my initial screening for the program, the Comprehensive Clinical Assessment, case management plan, progress in the MHCDP, progress in treatment (that will include progress notes, attendance, participation, attitude, additional substance use or psychological testing or evaluations, or the need for outside referral for additional services.

Disclosure of this confidential information may be made only as necessary for and pertinent to, hearings, and/or reports concerning the charges relevant to my participation in the Mental Health Court Diversion Program. The docket number(s) for these charges are:

Table with 4 columns: Date Charged, Offense, Charge Level, Docket Number. Each column contains three blank lines for entry.

I understand that this consent will remain in effect for no more than one year and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Mental Health Court Diversion Program such as graduation, termination, or formal withdrawal.

I understand that any disclosure made is bound by part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance use patient records, and that recipients of this information may re-disclose it only in connection with their duties relevant to the Mental Health Court Diversion Program.

Client Signature / Signature of Personal Representative / Relationship or Authority
Date
Witness
Date

Revocation:

My signature below indicates that I understand that I may revoke the consent, in writing and/or verbally at any time, except to the extent that actions has been taken in reliance on the consent on Click or tap to enter a date. (date).

X _____ Click or tap to enter a date.
Client Signature / Signature of Personal Representative / Relationship or Authority Date
_____ Click or tap to enter a date.
Witness Date
_____ Opus Number