

Referral  
MMRMHC

Submit completed form to:  
Program Coordinator-Daisy Beckett  
989-954-8215-phone  
989-875-5343-fax  
mentalhealthcourt@gratiotmi.com

Date: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #/email: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Defense Attorney (name and contact information-if known) \_\_\_\_\_

---

**Please provide additional information if known**

---

Is this person a resident of the county? Yes \_\_\_ No \_\_\_

Is this person incarcerated at the time of the referral date? Yes \_\_\_ No \_\_\_

Current charge(s): \_\_\_\_\_ Sentenced: Yes \_\_\_ No \_\_\_

Sentence date: \_\_\_\_\_

Mental Health Diagnosis: \_\_\_\_\_ Medication(s): \_\_\_\_\_

Drug or Alcohol Use: Yes \_\_\_ No \_\_\_ Drug of choice(s): \_\_\_\_\_

Plea bargain offered by the prosecutor dependent on this program (if any): \_\_\_\_\_

---

**Eligibility Criteria:**

Legal: Cannot be an individual who is currently charged with, or has been convicted of, an offense involving the death of, or a serious bodily injury to, any individual, whether or not any of these circumstances are an element of the offense, or with criminal sexual conduct in any degree.

Clinical: Must have an axis I diagnosis that is severe and persistent, for which there is a known treatment, and is tied to the criminal charge. Cannot have an axis II diagnosis (DSM IV).

Other: must be a resident of Gratiot, Montcalm, or Clinton County