

Court Address
900 S. SAGINAW ST, FLINT, MI 48502

Genesee Specialty Courts Telephone No.
(810) 424-4471

REFERRAL SOURCE: PROSECUTOR'S OFFICE JUDGE/COURT DEFENSE OTHER: _____

Date: _____ Referred By: _____

*By completing this referral form I grant Genesee Specialty Courts permission to communicate and assess my client.

RECOVERY COURT MENTAL HEALTH COURT VETERAN'S COURT FAMILY COURT UNKNOWN

CLIENT INFORMATION:

Name: _____ DOB: _____

Address: _____ Female Male

Email Address: _____ Primary Phone: _____

Court Case #(s): _____

Charge(s): _____

Attorney: _____ Appointed Retained

Next Court Date: _____ Client on Bond Client in Jail

Currently Involved in Treatment? For Substance Use For Mental Health If so, where? _____

Was Substance Use or Mental Health an instigator in the current pending charge(s)? Yes No

Veteran Status: Veteran Not a Veteran

Attorney Notes: _____

Has your client participated in a treatment court or specialty court before? Yes No

Signature: _____
Referring Agent Date

**THE FOLLOWING CRITERIA ARE REVIEWED TO DETERMINE IF YOUR CLIENT IS
ELIGIBLE TO PARTICIPATE IN THE GENESEE COUNTY SPECIALTY COURTS.**

- | | |
|---|--|
| <input type="checkbox"/> Age 18 or older. <input type="checkbox"/> Resident of Genesee County. <input type="checkbox"/> Must submit to screening for a formal diagnosis with a serious mental illness or serious mental disturbance, developmental disability, or co-occurring diagnosis OR be diagnosed with a substance use disorder by way of a substance use assessment. | <input type="checkbox"/> Current probation and parole cases may be accepted at the discretion of the treatment court team. <input type="checkbox"/> COMPAS assessment at medium and/or high Risk/Needs. <input type="checkbox"/> Please attach any additional information or forms you feel would be beneficial for the specialty courts to take into consideration for screening. |
|---|--|

**Referrals and Questions: Specialty Courts at SpecialtyCourtReferrals@GeneseeCountyMI.gov
For any further questions please contact by telephone at (810) 424-4471.**

| | | | |
|---------------------------------|--------------------------|-----------------------|---------------------------|
| Reviewed by Prosecutor's Office | Received by Case Manager | Met with Case Manager | Forwarded for Team Review |
| Initials: _____ | Initials: _____ | Initials: _____ | Initials: _____ |
| Date: _____ | Date: _____ | Date: _____ | Date: _____ |