DAUPHIN COUNTY

COURT OF COMMON PLEAS

MENTAL HEALTH COURT

INSTRUCTIONS, PROCESS, AND REFERRAL FORM

EMM (03/07/2022)

MENTAL HEALTH COURT REFERRAL FORM INSTRUCTIONS/PROCESS

Please complete the Mental Health Court Referral Form as follows:

1. Complete all sections of the Mental Health Court Referral Form.
2. Attach copies of all pending criminal complaints and probable cause affidavits to the Mental Health Court Referral Form.
3. Attach Copies of all mental health treatment records to the Mental Health Court Referral Form.
4. Forward entire completed packet via mail/fax/email to:

Elizabeth Manning
Mental Health Court Coordinator
101 Market Street, 2nd Floor
Harrisburg, Pennsylvania 17101
Fax: 717-255-1396
Email: emanning@dauphincounty.gov

5. Mental Health Coordinator will process application.
    a. An offender with a current charge OR prior conviction within the past 10 years for any of the following offenses may be ineligible for consideration:
        i. Murder
        ii. Aggravated Assault
        iii. Assault by Life Prisoner
        iv. Rape
        v. Sexual Assault
        vi. Aggravated Indecent Assault
        vii. Theft by Extortion
        viii. Robbery
        ix. Voluntary Manslaughter
        x. Assault by Prisoner
        xi. Kidnapping
        xii. Statutory Sexual Assault
        xiii. Involuntary Deviate Sexual Intercourse
        xiv. Indecent Assault Burglary
        xv. Incest
        xvi. Illegal Possession of a Firearm
    b. Must be a Dauphin County resident.
    c. An individual will not be reviewed for program participation without the express consent of the District Attorney.
    d. Final determination of Mental Health Court eligibility will be decided after review of all pertinent information by the Mental Health Court Team.
    e. A diagnosis of an intellectual disability disorder **does not automatically disqualify** an offender from the Dauphin County Mental Health Court Program. However, the Court **will not accept** participants with a diagnosed intellectual disability disorder that renders and individual unable to complete the program's requirements.

Please note the following IMPORTANT information

Applications that are not fully completed may be returned or take significantly longer to process.

For Attorneys: CRIMINAL COMPLAINTS AND AFFIDAVITS FOR ALL PENDING CRIMINAL CHARGES MUST BE ATTACHED.

For Providers: APPLICATIONS THAT INCLUDE CLINICAL INFORMATION SUCH AS HOSPITAL DISCHARGE SUMMARIES, PSYCHIATRIC/PSYCHOLGICAL EVALUATIOINS, DOCTORS NOTES, ETC THAT DOCUMENT DIAGNOSES WILL BE PROCESSED AT A MORE RAPID PACE.

Defendants who apply to the Dauphin County Mental Health Court understand they must waive their preliminary hearing. This application must be submitted to the Mental Health Court Coordinator within 72 hours (3 business days) after the date on which the preliminary hearing was scheduled. If you have any questions about the application process or the program, contact the Mental Health Court Coordinator at (717) 780-6702.

***IF YOU HAVE NOT RECEIVED AN UPDATE REGARDING THE STATUS OF THIS APPLICATION FROM THE MENTAL HEALTH COURT COORDINATOR WITHING FOUR WEEKS OF SUBMISSION OF THIS REFERRAL, PLEASE CONTACT THE OFFICE OF THE DISTRICT ATTORNEY AND ASK TO SPEAK WITH ELIZABETH MANNING: (717) 780-6767.**

MENTAL HEALTH COURT REFERRAL FORM

1. PERSONAL INFORMATION

Name: _____	DOB: _____	SSN: _____
Any Known Aliases: _____		Gender: ☐ Male ☐ Female
Are they a citizen of the United States? ☐Yes ☐No *If no, what type of visa do they hold? _____		
Race/Ethnicity: ☐ Asian/Pacific Islander ☐ Native ☐ Hispanic ☐ African American ☐ Caucasian ☐ Bi-racial ☐ Unknown/Unreported		
Address: _____		Phone Number(s): _____
Source of Income (Employment/SSI/SSD): Amount: _____ ☐Employment ☐SSI ☐SSD ☐ None ☐Other: _____		
Employment status: ☐ Employed full time ☐ Employed part-time ☐ Unemployed ☐ Disabled		
Do they have any physical limitations/disabilities? ☐Yes ☐No If yes, please list: _____		
Military Status: Are they now or have they ever served in any branch of the military, including Reserves or National Guard? ☐Yes ☐No		

2. LEGAL INFORMATION

Current Charges: Please include any active new charges, parole violations (PV), or outstanding court orders (Court orders include but are not limited to: Protection From Abuse (PFA) orders; bench warrants; support orders; other judgments.) not only in Dauphin County but other counties as well.		
Docket #: _____	Charge(s): _____	☐ New ☐ PV
Docket #: _____	Charge(s): _____	☐ New ☐ PV
Docket #: _____	Charge(s): _____	☐ New ☐ PV
Docket #: _____	Charge(s): _____	☐ New ☐ PV
Are they currently in prison? ☐Yes ☐No *If yes, location: _____		
Are they currently on probation or parole in Dauphin County? ☐Yes ☐No *If yes, name of their Probation/Parole Officer: _____		
Are they currently on probation or parole in another county? ☐Yes ☐No *If yes, name of their Probation/Parole Officer: _____ Also, contact information for Probation Officer: _____		

Attorney Name: _____

Attorney Address: _____ Attorney Phone #: _____

3. MENTAL HEALTH HISTORY

Has the person been treated for a mental illness? ☐Yes ☐No

*If yes, where have they received mental health services? _____

Type: _____ Date: _____

Present Diagnosis: _____

Are they currently prescribed medications for their mental illness? ☐Yes ☐No

*If yes, please list all current psychiatric medications (Name/Dosage/Frequency/Prescribing Doctor):

_____

Are they active with a case manager? ☐Yes ☐No

Agency: ☐CMU ☐Keystone ICM ☐Merakey ACT ☐Other: _____

Name of your case manager: _____

Contact information for your case manager: _____

4. SUBSTANCE USE INFORMATION

Do they use any illegal drugs or alcohol: ☐Yes ☐No

If yes, list type/amount/frequency: _____

Have they ever participated in substance abuse treatment? ☐Yes ☐No

*If yes, when and where: _____

Are they currently in treatment? ☐Yes ☐No

*If yes, where are they in treatment? _____

Are they on Medically Assistant Treatment? ☐Yes ☐No

If yes, list type, dosage, and prescribing doctor: _____

5. REFERRAL SOURCE INFORMATION

Name: _____ Title: _____

Agency: _____

Contact Information: Phone: _____ Email: _____

The facts set forth in the application are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein made are subject to the penalties of 18 Pa.C.S. §4904 relating to Unsworn Falsification to Authorities.

Signature: _____ Date: _____