

YAKIMA COUNTY SUPERIOR COURT
MENTAL HEALTH COURT
SCREENING REFERRAL

Client Name: _____ DOB: _____ Referral Date: _____

Referred Cause Number(s): _____

Current Referring Charge(s): _____

Are there other pending charges: Yes No *If yes, identify charges/court:* _____

Is the client currently: In Custody Out of Custody

Are there any active outside holds: Yes No Active Warrants: Yes No

Prosecutor: _____ Defense Attorney: _____

Next Omnibus Hearing: _____ Next Trial Date: _____

Client Current Contact Information

Client Phone Number: _____ Address: _____

Alternate Contact Name: _____ Phone Number: _____

Reason for Referral <i>(check all that apply)</i>	Yes	No
1. Possible suicide risk and or danger to others.	<input type="checkbox"/>	<input type="checkbox"/>
2. Possible inability to care for themselves outside of a controlled environment.	<input type="checkbox"/>	<input type="checkbox"/>
3. Evidence of or history of mental health disorder.	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please indicate a diagnosis if known: _____

4. Evidence of or history of substance abuse in addition to a mental health disorder.	<input type="checkbox"/>	<input type="checkbox"/>
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Please provide a brief summary of the presenting problem:

Please send completed form to:
Yakima County Superior Court Prosecutor: Susie Silverthorn
Email: susie.silverthorn@co.yakima.wa.us
Phone: (509)574-1210 Fax: (509)574-1211