

SCREENING REQUEST FOR PROBLEM SOLVING COURTS

CHECK ONE: Duval County
 Clay County
 Nassau County

CHECK ONE: Drug Court
 Mental Health Court *
 Veterans Treatment Court
 Juvenile Drug Court

Defendant's Name:

Case Number:

Next Court Date &
Type of Hearing

Charge(s):

Division and Judge

In Jail: YES If yes, check location:
 MCI
 PDF
 Clay Jail
 Nassau Jail
NO (If no, please provide Defendant's contact information.)

Check if any of the forms listed below are attached.

DD214 (Certificate of Discharge)
Evals related to Mental Health Diagnosis

Has the State Attorney been consulted regarding this request? YES NO

If consulted, is the State: (check one) Supportive of the referral to the Program.
 Not supportive.
 May be supportive pending outcome of screening.
 Other – explain in comments section below.

Comments:

Requested by:
(Insert Name)

(check one) SAO DEFENSE COUNSEL OTHER

Date:

Forward this form to: Stacey Smiley @ ssmiley@coj.net

****Requests for MHC screening must include 3rd party verification, i.e.: psychiatric/psychological evaluation or letter from diagnosing physician.***