PROBLEM SOLVING COURT (PSC) ELIGIBILTY SCREENING REQUEST

County (check one)	**Program** (check one)	**Request Type**	**Request Date**
☐ Clay ☐ Duval ☐ Nassau	☐ Adult Drug Court ☐ Mental Health Court *(For Veterans Court, complete application)*	☐ Diversion ☐ Probation	

Defendants Name:		Date of Birth:	
Case Number(s):			
Next Court Date:		Type of Hearing:	
Offense(s):			
Degree of Offense(s):			
Information Filed:	☐ Yes ☐ No		
Division:		Judge:	
Incarcerated:	☐ Yes (check location) ☐ No (provide address/contact information below)		
Location:	☐ Duval PTDF ☐ MCI ☐ Clay Jail ☐ Nassau Jail		
Address:			
Phone:		Email:	
Restitution:	☐ Yes ☐ No ☐ Pending	Amount:	

Has the Defendant been consulted regarding the PSC?	☐ Yes	☐ No
Is the Victim agreeable to the PSC? ☐ Unknown	☐ Yes	☐ No
Has the State Attorney diverted this case?	☐ Yes	☐ No

Additional information required for Defense requests only:

Has the State Attorney been consulted regarding this case?	☐ Yes	☐ No
State Attorney name:		
Did the State Attorney agree to refer this case as diversion (pretrial)?	☐ Yes	☐ No
Did the State Attorney agree to this case as a condition of sentence?	☐ Yes	☐ No
Did the State Attorney agree to a charge reduction for ineligible offenses?	☐ Yes	☐ No

If the State Attorney is not agreeable to the PSC, provide justification for the screening request below.

Comments / Additional Information:	

Required Attachments: ADC: Arrest Report MHC: Arrest Report, Diagnostic Mental Health Evaluation

Requesting Party:			
Affiliated with:	☐ State Attorney ☐ Public Defender ☐ Private Attorney ☐ Other		
Phone Number:		Email:	

INSTRUCTIONS FOR SUBMISSION:

Email this form and required attachments to: **DrugCt@coj.net** *and* **SAOscreeningrequest@coj.net**

(*Include defendant's name in the subject line). R*eferrals without required attachments will not be processed.

Please allow 10 business days to complete the screening request.

The screening process determines if a defendant is **eligible** for a PSC, but does not guarantee admission.
Eligible defendants must be referred by the State Attorney's Office **or** referred by court order (pretrial or post-adjudicatory).

For Veterans Treatment Court screening requests, email VTC@coj.net for additional information.