

## PROBLEM SOLVING COURT ELIGIBILITY SCREENING REQUEST

<u>County</u> (check one)	<u>Program</u> (check one)	<u>Request Type</u> (check one)	<u>Request Date</u>
<input type="checkbox"/> Clay <input type="checkbox"/> Duval <input type="checkbox"/> Nassau	<input type="checkbox"/> Adult Drug Court <input type="checkbox"/> Mental Health Court <i>(for Veterans Court, contact the SAO)</i>	<input type="checkbox"/> Diversion <input type="checkbox"/> Probation	
Defendants Name:		Date of Birth:	
Case Number(s):			
Next Court Date:	Type of Hearing:		
Offense(s):			
Degree of Offense(s):			
Information Filed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Division:	Judge:		
Incarcerated:	<input type="checkbox"/> Yes (check location) <input type="checkbox"/> No (provide address/contact information below)		
Location:	<input type="checkbox"/> Duval PTFD <input type="checkbox"/> MCI <input type="checkbox"/> Clay Jail <input type="checkbox"/> Nassau Jail		
Address:			
Phone:	Email:		
Restitution:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		Amount:
Has the Defendant been consulted regarding the PSC?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Victim agreeable to the PSC?		<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the State Attorney diverted this case?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>Additional information required for Defense requests only:</i></b>			
Has the State Attorney been consulted regarding this case?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
State Attorney name:			
Did the State Attorney agree to divert this case if eligible for the PSC?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the State Attorney agree to the PSC as a condition of sentence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the State Attorney agree to a charge reduction for ineligible offenses?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If the State Attorney is not agreeable to the PSC, provide justification for the screening request below.</i></b>			
<b>Comments / Additional Information:</b>			
<b>Required Attachments:</b> <b>ADC:</b> Arrest Report <b>MHC:</b> Arrest Report, Diagnostic Mental Health Evaluation			
Requesting Party:			
Affiliated with:	<input type="checkbox"/> State Attorney <input type="checkbox"/> Public Defender <input type="checkbox"/> Private Attorney <input type="checkbox"/> Other		
Phone Number:	Email:		
<b>Incomplete forms/forms submitted without required attachments will be returned to the requesting party.</b>			
<b>INSTRUCTIONS FOR SUBMISSION:</b>			
Forward this completed form to <a href="mailto:drugct@coj.net">drugct@coj.net</a> . <i>(Include the defendant's first initial and last name in the subject)</i>			
The screening process determines if the PSC will accept the Defendant if actual diversion or division referral is made. Please allow 10 business days to complete the screening request.			
<i>This form is not utilized for Veterans Treatment Court screening requests. Contact: <a href="mailto:SAO4VTC@coj.net">SAO4VTC@coj.net</a> for additional information.</i>			