

**YORK COUNTY COURT OF COMMON PLEAS  
MENTAL HEALTH WELLNESS COURT REFERRAL FORM**

DEFENDANT: \_\_\_\_\_ OTN/CR#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: M / F

CHARGES: \_\_\_\_\_ BAIL/YCP: (circle one)

ARE YOU IN NEED OF INTERPRETER SERVICES: Y/N IF YES PLEASE SPECIFY \_\_\_\_\_

VETERAN: Y / N HAVE YOU SERVED ACTIVE COMBAT: Y / N ARE YOU A PURPLE HEART RECIPIENT: Y / N

CO-OCCURRING D/A: Y / N CO-OCCURRING MENTAL RETARDATION: Y / N

MH DIAGNOSIS: \_\_\_\_\_

DO YOU HAVE THE FOLLOWING?

HIGH SCHOOL DIPLOMA Y/N GED Y/N BIRTH CERTIFICATE Y/N PHOTO IDENTIFICATION Y/N

Presumptive Qualifying Characteristics.

- \_\_\_\_\_ An individual has a diagnosed mental illness and documentation of diagnosis within the past 2 years.
- \_\_\_\_\_ An individual is charged with a criminal offense when it appears the offense was motivated by the individual's mental illness.

Please process the "Mental Health Wellness Court Referral Form" as follows:

1. All above items are completed and apply to the applicant.
2. Attach copies of all pending criminal complaints and probable cause affidavits to the Mental Health Court Referral Form.
3. Referral must be filed 30 days of arraignment.
4. A time stamped copy needs to be given to the Clerk of Courts and York County Adult Probation at 45 N. George St. York, PA 17401.
5. Any questions please call the Mental Health Court Coordinator at 717-771-9602.

Preparer's Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

<p><b>FOR COURT USE ONLY:</b></p> <p>_____ Eligible    _____ Ineligible due to: _____</p> <p>_____ Eligible outside guidelines due to: _____</p> <p>_____</p>
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**(FORWARD TO TREATMENT COURT ADMINISTRATION)**