# ATTORNEY MENTAL HEALTH REQUEST FORM

ATTORNEY: _____

CLIENT NAME: _____

CLIENT LOCATION: _____ (Community/Jail/Homeless)

## KNOWN CONTACT INFORMATION

CAUSE NO./CASE NO. _____

OFFENSE/CHARGE: _____

REASON FOR REFERRAL:

## MARK SERVICES NEEDED AND DENOTE ANY HARD DEADLINES:

____ Sign ROI with client and Order Records (*PD Clients Only*). Safety Plan to accompany. _____
Please allow 7 days for submission of appointment. (deadline date)

____ Review records of outside providers treatment with client. _____
(deadline date)

____ Determining a competency examination should be requested. _____
Please allow 7 days for recommendation (deadline date)

____ Service referral(s) recommendations to outside community providers. _____
(deadline date)

____ Develop proposed Treatment Plan. _____
(deadline date)

____ Make referral(s) and set up approximate appointment dates for diagnostic purposes.
_____ Please allow up to 60 days for settings.
(deadline date)

____ Crisis counseling

____ Assist clients comply with court-imposed bond conditions. _____
(deadline date)

____ Family/psychosocial history. Please provide any known contact information. _____
Please allow up to 30 days (deadline date)

____ Bond hearing or trial testimony. Please give advance notice within 7 days for bond hearings and 15 days for trials. _____
(deadline date)

***Please refer to page 2 of this form for attorney and case manager roles and responsibilities. ***