

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR PIERCE COUNTY**

STATE OF WASHINGTON,
Plaintiff,

vs.

_____,
Defendant

CAUSE NO. _____

FELONY MENTAL HEALTH COURT
REFERRAL FORM
(FMHR)

Instructions: The defense attorney requesting referral for admission to Pierce County Superior Court Felony Mental Health Court (FMHC) submits this completed referral and three Releases of Information for Greater Lakes Mental Health Care (GLMHC) that is signed by the defendant being referred to the Mental Health Court Coordinator. If the defendant is determined to be eligible to apply for FMHC, the Coordinator will notify the defense attorney of the date and time the case will be staffed. If there are additional records you would like considered, please contact the FMHC coordinator to obtain the necessary releases to allow GLMHC to communicate with those agencies.

Felony Mental Health Court Coordinator:

Matthew Cotton
930 Tacoma Ave S, Rm 247
Tacoma, WA 98402

Email: Matthew.Cotton@piercecountywa.gov
Phone: 253-798-3642
Fax: 253-798-7271

Date of Referral: _____ **Age of Case:** _____

Next Court Date/Time: _____ **in Courtroom** _____

Charge(s): _____

Trueblood Referral: [] Yes [] No Prior 10.77 Evaluation: [] Yes [] No

Veteran: [] Yes [] No (If yes, fill out VA ROI form and submit with this referral)

Defense Attorney Name: _____ Email: _____
Defense Atty. Phone No.: _____ Fax No: _____

Defendant's Name: First _____ Middle _____ Last _____

Preferred Name: _____

Date of Birth: _____ ProNoun: _____

Address: _____

Phone Number(s): Cell: _____ Home: _____

Custody Status: Out In Pierce County Resident: Yes No

Medical Insurance: Yes No - If yes, what type _____

Benefits: Yes No - If yes, what type _____

Equity and Inclusion Stats

Gender: Male Female Non-Binary

Highest Education Level Achieved _____

Sexual Orientation: Straight Heterosexual Bisexual Gay or Lesbian
 Other Unsure Opt-Out

Race: White African American Asian Native American
 Pacific Islander Other Opt-Out (more than one may be checked)

Ethnicity: Hispanic/Latinx Non-Hispanic/Latinx

Please attach the following information:

- Signed GLMHC Releases of Information (There are three)
- FMHC Eligibility Check List

Please note a potential participant must meet the below criteria:

1. Have a serious, diagnosable mental illness, with or without a co-occurring substance use disorder;
2. The criminal behavior is related to or caused by the individual's mental illness;
3. Is considered competent and able to fully understand the expectations and conditions of the FMHC program and contract;
4. Is willing and able to participate in mental health and/or substance use treatment provided by Greater Lakes Mental Health; and
5. Is a Pierce County Resident.