

**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 two 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 two)
- 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.