

**PIERCE COUNTY SUPERIOR COURT REFERRAL TO FELONY MENTAL HEALTH COURT (FMHC)**

**Email TO: Marianne Clear, LICSW, CCHP  
Mental Health Court Coordinator**

**FAX #: (253)798-7214**

**Email:** [mclear@co.pierce.wa.us](mailto:mclear@co.pierce.wa.us)

**NOTE:** Typically, the defense attorney requesting that the case be referred for admission to the Pierce County Superior Court Mental Health Court completes this referral request and secures a court date for the client on the Mental Health Court's screening calendar in CDPJ. If all approve, the client is scheduled for admission into the Felony Mental Health Court. When completed, this Referral Request along with a signed Release of Information for Greater Lakes Mental Health Care is emailed to the Mental Health Court Coordinator.

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**Date of Referral:** \_\_\_\_\_ **Next Ct. Date/Location:** \_\_\_\_\_

Pierce County Superior Court Cause Number: \_\_\_\_\_

Charge(s): \_\_\_\_\_

Defendant: \_\_\_\_\_ Defense Atty: \_\_\_\_\_

Defense Atty. Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Prosecutor agrees: \_\_\_\_\_

Custody Status: \_\_\_\_\_ IN: Location in jail: \_\_\_\_\_

\_\_\_\_\_ OUT: Defendant's Phone: \_\_\_\_\_

Defendant's Email: \_\_\_\_\_

Please attach the following information:

- Signed MHC Release of Information