

Arizona Superior Court in Pima County
 Office of Clinical Coordinator
 110 West Congress 9th Floor Tucson, AZ 85701

APPLICATION FOR MENTAL HEALTH COURT

DEFENDANT NAME:	DOB:
SOCIAL SECURITY #:	
CR NUMBER(s):	
CHARGES:	
REFERRING INDIVIDUAL:	
SMI DETERMINATION: <input type="checkbox"/> YES (Required) <input type="checkbox"/> NO OST Score (if available) =	
DIAGNOSTIC INFORMATION:	
ENROLLED WITH: (Choose One) <input type="checkbox"/> COPE <input type="checkbox"/> CODAC <input type="checkbox"/> Community Health Associates (CHA)	
<input type="checkbox"/> LA Frontera (LFC) <input type="checkbox"/> Marana Health Center <input type="checkbox"/> Community Partnership Int (CPIH)	
<input type="checkbox"/> AZ Complete Health <input type="checkbox"/> Other (Agency Name):	

MEDICATIONS

Prescribed Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Compliant with Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
List Current Medications:	
Additional Information for the Court:	

SUBSTANCE USE HISTORY

<i>(This information is strictly for clinical use to determine treatment needs)</i>				
Substance Used	Age of First Use	Date Last Used	Frequency	Amount
<input type="checkbox"/> None				
<input type="checkbox"/> Alcohol				
<input type="checkbox"/> Amphetamines/Speed				
<input type="checkbox"/> Barbiturates/Sedatives				
<input type="checkbox"/> Cocaine/Crack				
<input type="checkbox"/> Hallucinogens (LSD/PCP)				
<input type="checkbox"/> Inhalants				
<input type="checkbox"/> Heroin/Opioids/Methadone				
<input type="checkbox"/> Inhalants				
<input type="checkbox"/> Marijuana/THC/Spice				
<input type="checkbox"/> Methamphetamines				
<input type="checkbox"/> Prescription				
<input type="checkbox"/> Other				

LIVING ARRANGEMENTS

Does the client currently have stable housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe where and with whom:
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BEHAVIORAL HEALTH SERVICES

Is the client currently enrolled with a behavioral health treatment service provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do they wish to stay with their current service provider or change to another provider? <input type="checkbox"/> Stay <input type="checkbox"/> Change
Has the client previously been enrolled with a local provider in Pima County?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Name of Provider:
When (approximate) was the last time the client was actively engaged and receiving services & with whom?	When: Where:
If the client is not receiving services, why did he/she stop receiving services?	Reason:

[IF APPLICABLE] Inquire what client liked & did not like about the services they were receiving. <i>(For example, was something in particular missing?)</i> Please include important details:

[IF APPLICABLE] Include additional details relating to any chemical dependency issues:

Describe WHY you believe the client would benefit from probation supervision by the MHC:

What advice would you give to the Mental Health Court Team about this client's particular needs?