



SPOKANE REGIONAL MENTAL HEALTH COURT REFERRAL



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Spokane, Washington 99260-2352

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E mail: dtherapeuticcourts@spokanecounty.org

Defendant Name: _____ Date of birth: _____

Address: _____ Referral Date: _____

Defendant Email: _____ Defendant Phone: _____

Prosecutor: _____ Prosecutor Phone: _____

Defense Attorney: _____ Defense Phone: _____

Case 1: _____ Case 3: _____
Charge: _____ Charge: _____
Case 2: _____ Case 4: _____
Charge: _____ Charge: _____

Jurisdictions Involved: [] Superior [] District [] Municipal

Does the defendant have any prior disqualifiers as defined in RCW 2.30.030 section 3(a)?

[] YES [] NO If YES, what is the offense? _____

Does the potential defendant have any possible disqualifiers under SRMHC Policy?

- [] YES [] NO Cases(s) in active warrant status
[] YES [] NO Pending cases in other counties
[] YES [] NO Prior second-degree assault convictions
[] YES [] NO Residence outside of Spokane County
[] YES [] NO DOC community custody holds
[] YES [] NO This case is more than 90 days old
[] YES [] NO Pending felonies
[] Other: _____

Brief summary of reasons justifying referral:

- [] I have reviewed program expectations with my client
[] I have reviewed my client's criminal history

Attorney Signature

Date