



SPOKANE COUNTY REGIONAL BEHAVIORAL HEALTH
(ADMINISTRATIVE SERVICES ORGANIZATION) (SCRBH-ASO)

REFERRAL FORM

Please Fax to: SCR BH Diversion Care Coordinator (509) 477-6204

Referral Date

Defendant Name - Last, First, Middle Initial

DOB (MM/DD/YYYY)

Current Location (Spokane County Detention Services, Address, etc.)

Phone #: Email:

HEARING:

- Pre-Trial Arraignment Show Cause Warrant Recall
Other

REASON(S) FOR THE REFERRAL: (CHECK ALL THAT APPLY)

- Possible inability to care for self in or outside of detention or secure setting
Possible evidence of mental disorder (e.g. psychosis, depression)
Possible evidence of substance dependence/abuse IN ADDITION TO mental disorder
Other:

Brief summary of the presenting problem (Required):

REFERRED BY:

- Judicial Officer Law Enforcement Defense Attorney
Prosecuting Attorney Treatment Provider Probation
Other Jail Pretrial Services

Referring Party - Please Print Name Referring Party's Firm/Agency Telephone #

\*\* PLEASE ATTACH A FULLY COMPLETED AND SIGNED RELEASE OF INFORMATION FORM \*\*

Please note: An incomplete referral form may result in rejection into the Diversion Program

Samuel Fitterer sdfitterer@spokanecounty.org (County Prosecutors Office): Stuart Fox (County Prosecutors Office) sfox@spokanecounty.org Andrew Warlaumont (City Prosecutors Office): awarlaumont@spokanecity.org Ashley Magee (Spokane County Community Services Department) amagee@spokanecounty.org Shiloh Reynolds (Spokane County Community Services Department) slreynolds@spokanecounty.org Jamie Knox (Spokane County Community Services Department) jknox@spokanecounty.org

Case #1 Case #2 Case #3 Case #4
City County DV
Approved Denied