MACON COUNTY MENTAL HEALTH COURT REFERRAL

Defendant Name: _____ Referral Date: _____

DOB: _____ Sex:_____ Gender Identity: _____

Race/Ethnicity: _____ Veteran: ___Yes ___No

Place of Birth: City/State/County: _____

S.S.# _____ D.L. #_____

Address:_____

City/State/Zip: _____

Telephone #_____ Cell #_____

Resides with: _____

Case Number(s): _____

Offense(s):_____

In Custody: ___Yes ___No Employment: ___Yes ___No ___Full time ___Part time

Employer:_____

Address:_____

City/State/Zip:_____

Monthly Income:_____ Source of Income:_____

Are you enrolled in, and attending, school: ___Yes ___No ___Full time ___Part time

School:_____

Year attended: From _____ To _____

Forward all referrals to:
Shalon Hyde
Specialty Courts Coordinator
141 S. Main, 6th Floor Decatur, IL 62523
Phone: 217-423-6199 ext. 1110 Email: shyde@mcmhb.com

MACON COUNTY MENTAL HEALTH COURT REFERRAL

Insurance Type: Self Pay _____ Medicaid _____ Medicare _____ Private Insurance _____

Name of Insurance Provider: _____

Policy Number: _____ Date of Coverage: _____

Controlled Substance(s) Used:_____

_____

_____

Date of Last Use: _____

Past or Present Substance Abuse Evaluation: _____ Yes _____ No

Treatment (Dates Attended): From_____ To _____

Name of Treatment Facility: _____

Prior Psychiatric Hospitalizations: _____ Yes _____ No

Name of Hospital: _____

Reason for Hospitalization: _____

_____

Date of Last Hospitalization: _____

Mental Health Diagnosis: _____

Eligible: A defendant may be admitted into the Hybrid Court program only upon the agreement of the prosecutor and the defendant and with the approval of the Court; must be a resident of Macon County; and must be at least 18 years of age.
Not Eligible: Defendants will be excluded from this program if they have been convicted of a crime of violence within the past 10 years excluding incarceration time; or do not demonstrate a willingness to participate in a treatment program.

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MEDIA RELEASE

I authorize the Macon County Mental Health Court to release the following information: photographs, videos and/or motion pictures, electronic/video images, sound and video recordings and written correspondence.

This information may be released to: media outlets, including newspapers, cable and broadcast television, Internet usage, brochures, and/or displays.

This release is completely voluntary. You do not have to agree to sign the Media Release to participate in Mental Health Court.

This permission shall continue unless I revoke the permission in writing.

_____ _____

Client Signature (age 18 or older) Date

_____ _____

Witness Signature Date