



JACKSON COUNTY

Health & Human Services



Jackson County Mental Health Court

REFERRAL FORM

Please complete all fields and email to the Mental Health Court at cynthia.m.boersma@ojd.state.or.us. For questions, please contact Cindy Boersma, Mental Health Court Coordinator, at 541-776-7171 ext. 215 or cynthia.m.boersma@ojd.state.or.us.

Date of Referral:	
Defendant's Name:	Defendant's Contact Information
	Phone:
Defendant's Address:	Email:
	Other:
DOB:	

Referred by (name):	Contact Information
	Phone:
Referring Agency/Relationship:	Email:
	Other:

Court Case Number:	Incident Date:
Current Charges:	
Are any of these Measure 11 charges?	If yes, do any exceptions/opt out apply?
Defense attorney/agency:	Prosecuting Attorney:
Phone:	Phone:

Mental Health Diagnosis:	Date of diagnosis:
Who provided the diagnosis/assessment?	

Any Substance Abuse Issues? (If yes, please briefly describe):	Onset date:

