## **Jackson County Wellness Court Referral**

**Inquiries can be directed to:** <u>JAC.MHprograms@ojd.state.or.us</u> however, referrals must come from the defense attorney.

## Do not proceed with the referral if:

guarantee eligibility.

- Cases are closed or outside of Jackson County Circuit Court
- Defendant is not facing prison on their charges
- Defendant is a registered sex offender or facing sex offenses
- Defendant is facing Measure 11 charges (without opt-out) and/or the State opposes treatment court

Defendant/DOB:	Date of Referral:	
<b>Current housing:</b>	Defense Attorney:	
Contact info:	Case Numbers:	
*If Defendant is out of custody, they can be directed to view a WC session on any Tuesday at 1pm, courtroom 203.		
Referral Checklist:		
I. Defendant has a *Qualifying Mental Diagnosis (must select one):		
<ul><li>☐ Schizophrenia</li><li>☐ Schizoaffective disorder</li></ul>		
☐ Bipolar <b>1</b> disorder		
☐ Major Depressive Disorder psychosis	– specified as severe, recurrent, with	
Diagnosis is established by:		
*If none can be selected, do not procee	ed with this referral.	
NOTE: "Unspecified Schizophrenia Spectrum or Other Psychotic Disorder" does not		

II.	Defendant agrees to (must check all to proceed with the referral):  ☐ Take an antipsychotic and/or mood stabilizers ☐ Abstain from alcohol, marijuana, and illicit substances ☐ Submit to random alcohol/drug screens ☐ Participate in mental health AND substance abuse treatment ☐ Live in housing approved by the WC Team, in Jackson County	
III.	Describe the nexus between the *qualifying mental diagnosis and the criminal charges:	
IV.	Additional information:	

**This referral will not be considered** without indictments and police reports, and any referenced forensic evaluations/medical records. The WC Coordinator will review the documents, meet with the applicant, and request additional records *before a case staffing will be scheduled*.

All documents shall be sent to: <u>JAC.MHprograms@ojd.state.or.us</u>