



Yamhill County Circuit Court

Court Coordinated Services

REFERRAL FORM



Please complete in full, attach the appropriate ROI and email to Kathryn.L.Sowell@ojd.state.or.us or deliver to room 135 at the Yamhill County Circuit Court. For questions, please contact the Specialty Court Coordinator at 503-434-7530 ext. 72222.

Date of Referral:	Defendant's Contact Information
Defendant's Name:	Phone:
Defendant's Address:	
DOB:	
Referred by (name):	Phone:
Court Case Number:	
Current Charges:	
Are any of these Measure 11 charges?	If yes, do any exceptions/opt out apply?
Mental Health Diagnosis	Date of diagnosis:
Chronic Mental Health Diagnosis including a PRIMARY diagnosis of:	
<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Schizoaffective Disorder
<input type="checkbox"/> Bipolar I	<input type="checkbox"/> Bipolar II
<input type="checkbox"/> Major Depressive Disorder (Severe, Recurrent)	<input type="checkbox"/> Psychotic Disorder (NOS) – For 120 consecutive days without conclusive diagnosis
<input type="checkbox"/> PTSD	<input type="checkbox"/> Developmental Disability
Who provided the above diagnosis/assessment?	
Contact info for diagnostic records:	
Any Substance Abuse Issues? (If yes, please briefly describe):	Onset date:

Why do you think this defendant is a good referral for Court Coordinated Services? Check all that apply.

- ☐ Observed behaviors
- ☐ Reported mental health symptom
- ☐ Connections between mental health/substance abuse issues and incident
- ☐ High risk or recent history of criminal justice involvement (e.g., arrest, incarceration)
- ☐ Interested in treatment
- ☐ Developmental Disabilities client
- ☐

*****CCS USE ONLY*****

Defense attorney:

Prosecutor:

Staffing date:

In Custody?

Yes

No

Staffing decision:

Next Court Date:

Next Steps: