



# Yamhill County Circuit Court

## Court Coordinated Services



### REFERRAL FORM

Please complete in full, attach the appropriate ROI and email to [michelle.r.taber@ojd.state.or.us](mailto:michelle.r.taber@ojd.state.or.us) or deliver to room 135 at the Yamhill County Circuit Court. For questions, please contact the Specialty Court Coordinator at 503-435-3068

<b>Date of Referral:</b>	<b>Defendant's Contact Information</b>								
<b>Defendant's Name:</b>	<b>Phone:</b>								
<b>Defendant's Address:</b>									
<b>DOB:</b>									
<b>Referred by (name):</b>	<b>Phone:</b>								
<b>Court Case Number:</b>									
<b>Current Charges:</b>									
<b>Are any of these Measure 11 charges?</b>	<b>If yes, do any exceptions/opt out apply?</b>								
<b>Mental Health Diagnosis</b>	<b>Date of diagnosis:</b>								
<b>Chronic Mental Health Diagnosis</b> including a <b>PRIMARY</b> diagnosis of: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Schizophrenia</td> <td><input type="checkbox"/> Schizoaffective Disorder</td> </tr> <tr> <td><input type="checkbox"/> Bipolar I</td> <td><input type="checkbox"/> Bipolar II</td> </tr> <tr> <td><input type="checkbox"/> Major Depressive Disorder (Severe, Recurrent)</td> <td><input type="checkbox"/> Psychotic Disorder (NOS) – For 120 consecutive days without conclusive diagnosis</td> </tr> <tr> <td><input type="checkbox"/> PTSD</td> <td><input type="checkbox"/> Developmental Disability</td> </tr> </table>		<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
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<input type="checkbox"/> PTSD	<input type="checkbox"/> Developmental Disability								
<b>Who provided the above diagnosis/assessment?</b>									
<b>Contact info for diagnostic records:</b>									
<b>Any Substance Abuse Issues? (If yes, please briefly describe):</b>	<b>Onset date:</b>								

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

**Defense attorney:**

**Prosecutor:**

**Staffing date:**

**In Custody?**

Yes

No

**Staffing decision:**

**Next Court Date:**

**Next Steps:**