



Yamhill Circuit Court

Court Coordinated Services



REFERRAL FORM

Please complete in full, attach the appropriate ROI and email to alene.b.jacobs@ojd.state.or.us or deliver to room 208 at Yamhill Circuit Court. For questions, please contact the Specialty Court Coordinator at 503-435-3068

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: <table style="width: 100%; margin-top: 10px;"> <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								
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
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*****CCS USE ONLY*****

Defense attorney:

Prosecutor:

Staffing date:

In Custody?

Yes

No

Staffing decision:

Next Court Date:

Next Steps: