

**WINCHESTER-FREDERICK COUNTY
BEHAVIORAL HEALTH DOCKET
REFERRAL FORM**

Applicant Name _____

Date of Birth _____

Age _____

Race _____

Social Security Number _____

Marital Status (circle one): Married Single Divorced Separated

Children: Yes No If yes, ages: _____

Education Completed _____

Does this applicant have health insurance? (circle one) Yes No

Residence Address(es) for Three (3) Months prior to most recent incarceration:

Cell Phone Number(s) _____

Court (please circle) Winchester Frederick

Charges _____

Date of Arrest _____

Next Court Date _____

Defense Attorney

Name	Date
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Email Address/Telephone Number/Fax Number

Instructions: The Defense Attorney must complete Section A in full, then have the Commonwealth's Attorney complete Section B. The form must then be sent to: Kim Chmura, Division of Court Services, at kchmura@feva.us. The Defense Attorney must also review the Participant Handbook with the client prior to submitting this form to the Commonwealth Attorney.

Section A (to be completed by Defense Counsel)

Question	Yes	No	Comments
1) Is the Defendant charged with a misdemeanor offense in the Winchester or Frederick County General District Court?			
2) Is the Defendant a resident of the City of Winchester or Frederick County, or homeless within the City of Winchester or Frederick County?			
3) Did mental illness contribute to the behavior underlying the criminal charge(s)?			
4) Does the Defendant have any charges pending outside the City of Winchester or Frederick? If yes, when will the charge(s) be resolved? (Please indicate in comments section).			
5) Has the defendant been terminated from the Behavioral Health Docket within the last 12 months?			
6) Does the Defendant want to participate in the Behavioral Health Docket program?			
7) Has Defense Counsel has reviewed the Participant Handbook in full with the Defendant and believes the Defendant understands all of the program requirements?			

NOTE: NO STATEMENT, OR ANY INFORMATION PROCURED THEREFORE, MADE BY THE DEFENDANT TO ANY ASSESSMENT TEAM MEMBER DURING THE COURSE OF THE ASSESSMENT SHALL BE ADMISSIBLE IN ANY ACTION OR PROCEEDING AGAINST THE DEFENDANT.

Section B (to be completed by Commonwealth's Attorney)

Question	Yes	No	Comments
1) Is the Defendant charged with a violent felony as defined by Va. Code §19.2-297.1?			
2) Do you agree to the Defendant being evaluated for participation in the WFCBHD Program?			

Commonwealth's Attorney

Name

Date

Email Address

Section C (to be completed by the Division of Court Services)

Question	Yes	No	Comments
1) Does the Defendant's score on the OST recommend Medium to High Supervision?			

Division of Court Services

Name

Date

Email Address

Section D (to be completed by Clinical Evaluator)

Question	Yes	No	Comments
1) Following your evaluation, does the Defendant have a diagnosis for a serious mental illness recognized under the DSV-V?			

Clinical Evaluator

Name

Date

Email Address