

# MENTAL HEALTH COURT SCREENING INSTRUMENT

Name: \_\_\_\_\_ County of residence: \_\_\_\_\_

Charge(s): \_\_\_\_\_ Guidelines: \_\_\_\_\_

Status:  Jail  Bond Prior failed probation:  No  Yes  Single  Married  Divorced  
Receiving social security benefits:  Yes  No  Unknown (If yes:  SSI  SSD  Other: \_\_\_\_\_)  
Any history of violence, sexual misconduct or crime involving a weapon? (If yes, describe below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MENTAL HEALTH COURT** Criteria for participation in the Mental Health Court: Defendant must have a mental illness diagnosis (Axis I Clinical Disorder) and be a person requiring treatment, as defined by MCL 330.1400 and 1401; or an Axis II personality disorder or mental retardation.

**Mental Illness diagnosis, existing or by history:**  Unknown  No If yes: \_\_\_\_\_

**History of Mental Health services and/or medication:**  No  Yes  Unknown; If yes, what and where? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Substance abuse history:**  No  Yes  alcohol  controlled substances  prescription

Will be sufficiently stable to live safely in the community:  No  Yes If yes, what and where?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family support:**  No  Yes  Unknown If yes, who?

\_\_\_\_\_  
\_\_\_\_\_

**Capacity to understand the requirements of the MHC program:**  No  Yes

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_, 2012

\_\_\_\_\_  
Attorney for defendant