

COURT SCREENING FORM

Date: _____ Court/Site: _____

Evaluation requested by: Prosecutor___ Defense Atty___ Court___ Other_____

Defendant Name: _____ DOB: _____

Address: _____

Docket No(s): _____

Charge(s): _____

Substance Abuse Hx: _____

Prior diagnosis? _____

Followed by any Designated Agency? _____

Evidence today of a Major Mental Illness:

Evidence today of Danger to Self or Others:

If suicidal ideation, can defendant be monitored or treated in DOC? _____

QMHP's Recommendation: _____

Actual Outcome: _____

QMHP's Name: _____ Agency: _____

Notifications

VPCH Admission Staff notified: _____

Tel: 802-828-2799 or Fax: 802-828-2749

DMH Legal Division notified: _____

Tel: **241-0181 Cheryl Goodwin-Abare (or)**

241-0185 Carla Ryley/Katrina Guinan (or)

241-0182 Steve Kroll

Fax: 802-241-0490

Agency Case Manager notified: _____