

COURT SCREENING FORM

Date: _____ Court/Site: _____

Evaluation requested by: Prosecutor___ Defense Atty___ Court___ Other_____

Defendant's Name: _____ DOB: _____

Address: _____

Docket No(s): _____

Charge(s): _____

Substance Abuse History: _____

Diagnosis: _____

Designated Agency (DA):

Evidence today of Mental Illness: _____

Evidence today of Danger to Self or Others: _____

QMHP's Name: _____ (DA): _____

QMHP's Recommendation: _____

- *QMHP Notifies VPCH Admissions of Recommendation by Tel: (802) 828-2799
- *VPCH Admissions Notifies DMH Legal Division of Screener's Recommendation
by e-mail to: Cheryl.Goodwin-Abare@vermont.gov, Steve.Kroll@vermont.gov,
Carla.Ryley@vermont.gov

Court's Determination: _____

- *Court Notifies DMH Legal Division of Court's Determination
by e-mail to: Cheryl.Goodwin-Abare@vermont.gov, Steve.Kroll@vermont.gov,
Carla.Ryley@vermont.gov
- *Agency Case Manager notified: _____