

Vermilion County Courthouse 7 North Vermilion Street Danville, Illinois 61832

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## PROBLEM-SOLVING COURTS REFERRAL FORM

## Cayley Martin Problem-Solving Court Coordinator Fax or e-mail completed referral form to the number above \*Please choose ONE box below\*

DC VC MHC **Drug Court** Veteran's Court Mental Health Court \*Attach signed release\* \*Offender Name: \*Referral Date: \*AKA: \*Gender: \*DOB: \*Social Security #: \*Current Address: \*Home Address: \*Phone #: On Probation? Yes No \*Case #(s): \*Offense(s): \*In Custody? \_\_\_\_\_\_ Release Date: \_\_\_\_\_ **Arrest Date:** \*Next Court Date: \_\_\_\_\_ Courtroom: \_\_\_\_ \* Defense Attorney: \_\_\_\_\_\_Phone #: \_\_\_\_\_\_ Email: \_\_\_\_\_ Referral Source: Comments: \*Previous hospitals/doctors/treatment agencies: \_\_\_\_\_ ------FOR OFFICE USE ONLY-----Date email sent to ASA for consent: Date entered: Date received consent from ASA: Date sent to assessor: \_\_\_\_\_ Date approved: Assessment due date: \_\_\_\_\_ Comments: \_\_\_\_

<sup>\*</sup>Referral cannot be processed if the required fields are blank.