**Washtenaw County Mental Health Treatment Court**

**Referral Information**

Thank you for your interest in the Washtenaw County Mental Health Treatment Court (MHTC), located at the 15th District Court in Ann Arbor. In order to efficiently respond to your request for a defendant’s participation in the court, please complete the referral form to begin the eligibility assessment for each prospective participant.

***NOTE: The MHTC cannot accept defendants unless felony charges have been or anticipated to be reduced to misdemeanors. All recommendations for acceptance/denial are at the discretion of th Court.***

In cases being referred by a court other than the 15th District Court, if it is determined that a defendant is legally and clinically eligible to participate in, and accepted by the MHTC, notice will be sent to the referring court, the prosecutor, and the defense attorney. The defense attorney will be responsible for having the **PSC Memorandum of Understanding Transfer of Jurisdiction under MCL 600.1088** signed by the transferring court as indicated and forwarded to the 15th District Court.

When the Court has received the **Memorandum of Understanding** and the defendant’s **Agreement to Participate**, the transferring court will be notified for sentencing and transfer of the case to the 15th District Court, where Judge Karen Quinlan Valvo presides over the Washtenaw County Mental Health Treatment Court.

Thank you for your interest. If you have any questions or concerns, please feel free to contact me through the information shown below.

Sincerely,

# **Paul D. Graveline**

Specialty Court Coordinator 15th Judicial District Court 301 E. Huron St.

Ann Arbor, MI 48107

Phone: (734) 794-6761 x47542

Fax: (734) 794-6762

**Mental Health Treatment Court Office: (734) 794-6761 x47542**

**Rebecca Elder - Probation Officer: (734) 794-6761 x47537 Fax: (734) 794-6762**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REFERRING COURT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEFENDANT INFORMATION**

**LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_

**CASE #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHARGE(S):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_

**DOB: \_\_\_\_\_\_\_\_\_\_ TELEPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_**

**CURRENTLY INCARCERATED: WCJ\_\_\_\_\_\_\_\_\_\_ OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Defense Attorney’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Info (Phone / email):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REFERRING COURT**

Completion of this form does not guarantee acceptance into the Washtenaw County Mental Health Treatment Court. **The referring court must fax (734) 794-6762 this sheet to the 15th District Probation Department,** **c/o** **Paul Graveline, or email to** [**PGraveline@a2gov.org**](mailto:PGraveline@a2gov.org) to begin the screening process. Along with this form, any PSI’s and any available mental health and/or substance use assessments should also be included.

**Referring Judge’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_

**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referring Prosecutor’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE:** \_\_\_\_\_\_\_\_

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Accepted: \_\_\_\_\_\_ Not Accepted: \_\_\_\_\_\_\_ Initialed: \_\_\_\_\_\_\_\_\_\_

Not Accepted: Defendant did not meet: \_\_\_\_\_\_\_\_\_ Legal Eligibility \_\_\_\_\_\_\_ Clinical Eligibility

Forwarded to referring court on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEFENDANT**

You have been referred to the Washtenaw County Mental Health Treatment Court, located in the 15th District Court, 301 E. Huron St., Ann Arbor, for intake screening.

In addition to the bond conditions set by the presiding judge in your case, you must also comply with the following conditions:

* **Contact the 15th District Court Probation Department Clerk at (734) 794-6761 x47541, within 2 days (between 8 am and 4 pm Monday through Friday), to arrange an appointment for an intake interview.**

* **Submit to a pre-admission screening and mental health assessment, as directed by the Mental Health Court Coordinator and/or the Court’s Probation Officer.**

I agree to the above terms as part of my consideration for entry into Washtenaw County Mental Health Court.

**DEFENDANT’S PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEFENDANT'S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**