



STATE OF MICHIGAN

FIFTEENTH JUDICIAL DISTRICT COURT

301 E. Huron St., P.O. Box 8650, Ann Arbor, MI 48107-8650

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. To efficiently respond to your request for a defendant's participation in the court, please complete the enclosed 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 the 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 and recommended for the MHTC, notice will be sent to the referring court, the referring prosecutor and the defense attorney. A **Memorandum of Understanding for Transfer of Jurisdiction under (MOU)** will be forwarded to the defense attorney who will be responsible for having the MOU 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 plea and sentencing information to 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,

Karen Finney

Specialty Court Coordinator
15th Judicial District Court
301 E. Huron St.
Ann Arbor, MI 48107
Phone: (734) 794-6764 x47621
Fax: (734) 794-6762



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Mental Health Treatment Court Office: (734) 794-6761 x47542
Rebecca Elder - Probation Officer: (734) 794-6761 x47537 Fax: (734) 794-6762

STATE OF MICHIGAN

DATE: _____ REFERRING COURT: _____

DEFENDANT INFORMATION

LAST NAME: _____ FIRST NAME: _____

CASE #: _____

DOB: _____ TELEPHONE #: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

CURRENTLY INCARCERATED: WCJ _____ OTHER: _____

CHARGE(S): _____

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, Attn: Karen Finney, or email to Kfinney@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: _____ Accepted: _____ Initialed: _____

Not Accepted: Defendant did not meet: _____ Legal Eligibility _____ Clinical Eligibility

Forwarded to referring court on _____ by _____



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ST. **DEFENDANT**

You have been referred for screening with the Washtenaw County Mental Health Treatment Court (MHTC) located in the 15th District Court Probation Department, 301 E. Huron St., Ann Arbor.

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 Clerk at (734) 794-6761 x47541, within 24 hours (between 8 AM - 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 MHTC Coordinator and/or the MHTC Probation Officer.**

Based on the information gathered during the interview and subsequent assessments, a determination will be made regarding your entry into the Court. Notification will be sent to the referring court, your defense attorney, and the prosecuting attorney.

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

DEFENDANT'S SIGNATURE: _____

DEFENDANT'S PRINTED NAME: _____

DATE: _____