PLYMOUTH MENTAL HEALTH COURT

APPLICATION TO MENTAL HEALTH COURT

NAME: ____DATE OF APPLICATION:_____________________________

ALIAS(ES): ____

ADDRESS (physical):____

ADDRESS (mailing)____

TELEPHONE NUMBER(S):____

HOW LONG AT CURRENT ADDRESS? ______________________CITIZEN STATUS:_____________________________________

PREVIOUS ADDRESS: ____

CO-HABITANT(S)/RELATIONSHIP:____

NEXT OF KIN: ____________________RELATIONSHIP:______________________TELEPHONE #:_________________________

<u>MEDICAL AND SUBSTANCE ABUSE HISTORY</u>

DO YOU HAVE A MENTAL HEALTH DIAGNOSIS? ____

ARE YOU CURRENTLY RECEIVING MENTAL HEALTH SERVICES AND/OR CASE MANAGEMENT SERVICES? IF SO, PLEASE PROVIDE THE NAME OF SERVICE PROVIDER(S):

____

HAVE YOU EVER BEEN HOSPITALIZED FOR PSYCHIATRIC SERVICES? ____

PLEASE LIST ALL PRIOR TREATMENT PROVIDERS (A GBH Release Form needs to be signed for each Provider, to collect records):

____

ANY SERIOUS MEDICAL PROBLEMS?____

NAME OF PHYSICIAN/PRIMARY CARE:____

CURRENTLY ON ANY MEDICATIONS? IF SO, PLEASE LIST:____

PROBLEMS WITH DRUGS OR ALCOHOL OR BOTH?: ____

DESCRIBE SUBSTANCE USE: ____

EVER RECEIVED INPATIENT TREATMENT FOR SUBSTANCE ABUSE?:____

IF SO, WHERE AND WHEN:____

EVER RECEIVED OUTPATIENT TREATMENT FOR SUBSTANCE ABUSE?:___________________ IF SO, WHERE AND WHEN?:

____

DEMOGRAPHICS

RACE: ____________SEX:____________DOB:____________SOC SEC. #:____________________

HEIGHT:_______________WEIGHT:______________________________

EYE COLOR: ____________HAIR COLOR: _________________________

DISTINGUISHING MARKS: ____

HAVE YOU EVER SERVED IN THE MILITARY? ___________________

EVER SERVED IN COMBAT? ____________ VETERANS STATUS: ____________

TRANSPORTATION

DRIVERS LICENSE ? Yes____ No____ LICENSE NUMBER:________________________________

RESTRICTIONS ?____

DO YOU OWN YOUR OWN VEHICLE? ____

DO YOU HAVE ACCESS TO TRANSPORTATION? ____

PROBATION OFFICER: Yes____ No____ Name____

FINANCIAL AND EMPLOYMENT INFORMATION

INCOME:____

IS THIS INCOME SUFFICIENT TO MEET YOUR CURRENT BILLS?_____________________________

EMPLOYER: __________________________________TELEPHONE #:_________________________

EMPLOYER ADDRESS:____

EDUCATIONAL BACKGROUND:

HIGH SCHOOL GRADUATE?____

ANY ADVANCED EDUCATION, TRAINING OR CERTIFICATES EARNED?

____

CHILDREN/CHILD CARE NEEDS

DO YOU HAVE ANY CHILDREN? IF SO, HOW MANY AND THE AGES:

____

IS CHILD CARE AN ISSUE?:____

PENDING CRIMINAL MATTERS

DEFENSE ATTORNEY: ___________________________TELEPHONE #:______________________

CURRENT CHARGES: ___________________________________DOCKET #:__________________

STAGE IN THE COURT PROCESS:____

NEXT COURT EVENT:_____________DATE:__________________JUDGE:____________________

DATE OF ARREST: __________________LOCATION OF ARREST: ____________________________

PRESENTLY INCARCERATED: NO__________ YES___________ JAIL #:______________________

PRIOR CONVICTIONS (ADULT)

DATE:	**CHARGES**:	**COURT**:

JUVENILE RECORD: _________________YES ___________________NO

LOCATION OF COURT: ____

IN MY SPARE TIME, I LIKE TO DO THE FOLLOWING (hobbies/interests):

____

I understand that I need to be evaluated in order for PMHC to determine if I am eligible for this program. The evaluation process will take place in a timely manner.

SIGNATURE OF DEFENDANT: ___________________________________DATE:_________________

This application will not be considered for admission into the PMHC Program unless the following certification has been completed. I hereby certify that I have fully explained the PMHC Program and that I have reviewed with him/her the contents of the PMHC Participant Handbook and Participation Agreement.

______________________________________ ____________________________

DEFENSE COUNSEL SIGNATURE DATE

- ☐ Public Defender
- ☐ Retained Counsel