



Plymouth Mental Health Court REFERRAL FORM

PMHC is an alternative sentencing program for those offenders who are facing current charges in the 2nd Circuit Court- District Division- Plymouth and would benefit from mental health treatment.

Please complete this form to the best of your ability.

If you do not know a piece of information, leave that space blank.

For questions or to submit this form, contact Shelly Golden (Coordinator) (603) 787-2291 sgolden@co.grafton.nh.us

Date of Referral: _____

Referred by: _____ Organization: _____

Telephone number(s): _____ E-mail Address: _____

Police Prosecutor: _____ Phone #(s) _____

Defending Attorney: _____ Phone #(s) _____

DEFENDANT INFORMATION

NAME: _____ ALIAS (ES): _____

TELEPHONE: _____ Is it ok to leave a message? _____

ADDRESS (physical and mailing): _____

CITY: _____ STATE: _____ ZIP CODE: _____

INCARCERATED? _____ CITIZEN STATUS: _____

CURRENT CHARGE(S)? _____ LIST ALL PENDING CHARGES: _____

Currently on Probation? _____ FELONY CHARGES PENDING? _____

IS THERE A HISTORY OF VIOLENCE BY THE DEFENDANT? IF SO, WHAT? ANY CONVICTIONS?

IS THE DEFENDANT A KNOWN SEX OFFENDER? _____

ANY KNOWN MENTAL HEALTH DIAGNOSIS OR PROBLEMS? _____

HAVE YOU EVER SERVED IN THE MILITARY? _____

- Please attach criminal history documents/discovery