Problem-Solving Courts Referral Form

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

REFERRAL FORMS MUST BE EMAILED WITH SUBJECT LINE "PSC AND DIVERSION REFERRAL" TO:
problemsolvingcourts@cookcountyil.gov , pdproblemsolvingcourts@cookcountyil.gov AND sao.diversionreferrals@cookcountysao.org
TO BEGIN THE LEGAL ELIGIBILITY SCREENING REQUEST PROCESS.

Check only one location:

☐ CRIMINAL DIVISION ☐ 2nd MUNICIPAL DISTRICT ☐ 3rd MUNICIPAL DISTRICT
☐ 4th MUNICIPAL DISTRICT ☐ 5th MUNICIPAL DISTRICT ☐ 6th MUNICIPAL DISTRICT

PEOPLE OF THE STATE OF ILLINOIS)
VS.)
)
_____)
(Defendant's legal name))

Case No.: _____
Charge: _____
Date of Birth: _____
Defendants IR #: _____
Custody Status (check one): ☐ In Custody ☐ On Bond

_____ asks that this matter be screened for legal eligibility to be transferred to:
Requesting Party

CHECK ONLY ONE PROGRAM BELOW:

Drug Treatment Court ☐ *Mental Health Treatment Court* ☐ *Veterans Treatment Court* ☐

For Leighton Drug Court Choose:

ACT Court ☐ W/RAP Court ☐

This case will be continued until _____ for the purpose of legal eligibility screening.
(As least 2 weeks)

If the defendant is in custody, it is further ordered that the Cook County Department of Corrections shall allow a representative of the Office of the Chief Judge, WestCare, Amita Health, or NAMI Chicago access to the defendant while in custody, for the purpose of conducting any interview or evaluation necessary in connection with this order.

Judge Name: _____ Date: _____

Court Location: _____ Court Room #: _____

Defendant's Jail Location: _____ Jail ID: _____ County ID#: _____

Attorney's Name: _____
Phone #: _____ Email Address: _____

FOR PROBLEM-SOLVING COURT ADMINISTRATIVE USE ONLY

SAO LEGAL REVIEW		**CLINICAL SCREENING/ASSESSMENT**	
Date RCVD:		Date screened:	
Reviewer:		Screened by:	
Outcome:	Select Outcome	Outcome:	Select Outcome
If other, Specify:		If other, Specify:	
If **ELIGIBLE**, date sent for PSC team		ARA Risk Level:	
If **INELIGIBLE**, date determined		Date to PSC Team:	