COWETA CIRCUIT MENTAL HEALTH COURTAPPLICATION

This form will be reviewed, initialed and signed by the defense attorney and submitted to the Assistant District Attorney assigned to the case. The form and file will then be submitted to the Court Prosecutor.

IN OFFICE USE ONLY	□ Solicitor's Office □ DA's Office	Rec'd Date: ______________

PERSONAL INFORMATION

Name: ____

Date of Birth: ______________________ Social Security Number: ______________________

DL Number (or ID): ______________________ Phone number: ______________________

Are you currently incarcerated? Yes □ No □ If yes, where? ______________________

Home Address: ____

Are you US Citizen? Yes □ No □ If no, what type or VISA do you hold? ______________________

Are you employed? Yes □ No □ If yes, please answer the following:

Employer: ____

Phone Number: ______________________ Address: ______________________

Job Description (Please be detailed): ____

____

Are you Veteran? Yes □ No □

Emergency Contact:

Name: ____

Number: ______________________ Relationship: ______________________

MENTAL HEALTH HISTORY

Have you ever been diagnosed with a mental illness? **Yes □ No □**

Diagnosis: ____

Are you currently prescribed **ANY** medications for your mental illness? **Yes □ No □**

Prescribing Doctor ______________________ Next Appointment: ______________________

Have you ever received services from Pathways Center? **Yes □ No □**

SUBSTANCE ABUSE INFORMATION

Do you abuse any drugs or alcohol? **Yes □ No □**

If yes, please list drug of choice. ____

Have you ever received treatment for drug abuse? **Yes □ No □**

LEGAL INFORMATION

Do you have a Laywer? Yes □ No □ If yes, please answer the following:

Name: ______________________ Phone Number: ______________________

Past Convictions

Have you ever been convicted of a misdemeanor or felony offense? **Yes □ No □**

Current Charges

What are your current charges? ____

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Other Pending Charges

Do you have any other pending charges **NOT** in Troup County? **Yes □ No □**

Agency name:
Case Numbers:
Charges:
Any other information:

Probation/Parole

Are you currently on Probation or Parole? Yes □ No □

Where? ______________________________

Probation/Parole Officer(s) Name(s): ______________________________

Acknowledgment

I, ______________________________, understand that final determination about Mental Health Court eligibility
(Print your name)
will be decided after review of all pertinent information. I agree to submit any additional information relevant to this Mental Health Court referral and that the facts set forth in this application are true and correct to the best of my knowledge, information and belief.

______________________________ Signature

______________________________ Date

PLEASE LEAVE THIS SECTION BLANK

Return this form and any relevant evaluations or reports to:

Courtney Powell, Case Manager
copowell@troupcountyga.gov
706-298-3752

*****For Program Use Only. Do Not Write Below This Line, Thank you.*****					Rec'd by
Def. Attorney/ Public Defender					
Assigned ADA/Solicitor		**Approved**	**Denied**	Date:	
Program ADA/Solicitor		**Approved**	**Denied**	Date:	□ Solicitor □ DA Office
Notes:					