Dallas County Criminal District Attorney
Mental Health Division Referral Sheet – Felony and Misdemeanor

Defendant Name:	Cause No(s):	
Offense(s):	Court	Next Court Date:
Arrest Date:	Book in #	
Address:	DOB:	
Referring Attorney:	Referring Attorney Phone:	
Referring Attorney Email:		

Why do you think this defendant is a good candidate for a mental health case load?

DO YOU HAVE INFORMATION ON ANY OF THE FOLLOWING?

Behavioral Clues:

Do you have proof of diagnosis for any of the following? YES ***If yes, please attach a copy to this form.***

- ☐ Schizophrenia
- ☐ Bipolar Disorder
- ☐ Major Depressive Disorder
- ☐ Schizoaffective Disorder
- ☐ Anxiety Disorder
- ☐ None of the Above

THIS INFORMATION IS REQUIRED FOR CONSIDERATION:

How many times has the case been reset?

What is the current State's recommendation?

Is the case set for Trial? NO

I acknowledge that I have spoken with the Defense attorney and approve this application for the Mental Health Division:

Signature Court ADA

Printed Name Court ADA

Return via email to: gia.slayton@dallascounty.org

MENTAL HEALTH DIVISION REFERRAL SHEET
ACKNOWLEDGEMENTS

By making this referral to the Mental Health Division I acknowledge the following by my signature below:

1. ***This Referral Sheet DOES NOT constitute a "Pass Slip." Continue to pass this case with the court it is currently in until you are contacted by a Representative of the Mental Health Division via email.***

2. ***Acceptance of your case into the Mental Health Division DOES NOT GUARANTEE that the case will be placed in a program that results in a dismissal or that will alter the current recommendation on the case.***

3. ***This form DOES NOT automatically get your case onto a Mental Health case load. The case must still be accepted by the division.***

4. ***Upon acceptance into the Mental Health Division, the case will be sent to the program deemed appropriate by the Chief of the Mental Health Division. Refusal to participate will result in the case being sent back to the trial court.***

5. ***I hereby give permission for my client to be evaluated by Care Coordinators from the North Texas Behavioral Health Authority. I understand and authorize those Care Coordinators to both review and release any mental health information about my client to the Restorative Justice Division of the District Attorney's Office for the purpose of making an intake decision and I further authorize the Care Coordinators to do an assessment of my client to assist in providing treatment alternatives and provide a copy of that assessment to the Restorative Justice Division of the District Attorney's Office. I further understand that the Care Coordinators will be presenting a Release of Information to my client for signature that allow them to provide information to the Restorative Justice Division of the District Attorney's Office and do not have any objection to them doing so.***
6. ***I understand that the mental health division may review the case once it has been dismissed to track recidivism statistics.***

_____ ***Date:***

Attorney for Defendant

Return via email to: gia.slayton@dallascounty.org