

FELONY & MISDEMEANOR
MENTAL HEALTH DIVISION REFERRAL SHEET

Date of Referral: _____ Arrest Date: _____ Book In #: _____

Client Name: _____ DOB: ____/____/____ Client Phone: _____

Referring Attorney: _____ Atty. Phone: _____

Attorney's email address: _____

Case Number: _____ Charge _____ Court: _____

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Why do you think this defendant is a good candidate for the mental health unit?

Does your client receive social security disability? YES NO

Is your client currently employed? YES NO

List any mental health provider the client has/is seeing? _____

List any psych medications your client has/is taking: _____

DO YOU HAVE ANY INFORMATION ON ANY OF THE FOLLOWING?

Behavioral Clues: _____

Diagnosis: ____ Schizophrenia ____ Bipolar Disorder ____ Major Depressive Disorder

____ Schizoaffective Disorder ____ Anxiety Disorder ____ None of the Above

Does your client have a chronic or terminal health condition? YES NO

REQUIRED INFORMATION

How many times has the case been reset? _____

What is the current State's recommendation? _____

Is the case set for Trial? _____

Court DA signature acknowledging your referral request to mental health:

Signature

Printed Name

**PLEASE NOTE: A Mental Health Diagnosis must accompany the referral
to be considered for the division.**

Please return this referral to the M.H. Division, 6th Floor, Room A19, or email to: gia.slayton@dallascounty.org

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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 allows 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.

Signed on the _____ day of _____, 20____

Attorney for the defendant.

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CAUSE NO. _____

THE STATE OF TEXAS

VS.

§
§
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§
§

IN THE JUDICIAL/CRIMINAL

DISTRICT COURT # _____

DALLAS COUNTY, TEXAS

**DEFENSE'S CCP ART. 39.14 & HEATH WAIVER FOR PRE-TRIAL
DIVERSION/MENTAL HEALTH REFERRAL**

1. When referring to diversion, the Defendant waives the right to additional discovery beyond materials already provided, acknowledging receipt of all necessary information to enter into the pretrial diversion agreement.
2. The State retains control over a database containing potentially exculpatory or mitigating information related to personnel involved in the case.
3. Although disclosure of this information might be required under *Brady v. Maryland* and CCP Article 39.14, the defendant voluntarily waives the right to request an inquiry of the database for personnel involved.
4. This waiver is executed without coercion and is independent of the pretrial diversion agreement.
5. Upon diversion failure, the waiver is voided, and discovery resumes under normal prosecutorial protocols.
6. The defense agrees that the pause in discovery requests and inquiries, absent new evidence received during diversion, will not be held against the assigned court prosecutor should the case be returned to the court for disposition.
7. Upon successful completion of diversion, defense attorney will notify and recommend that defendant apply for immediate expunction.
8. Pursuant to *State of Texas v. Dwayne Robert Heath*, as decided by the Texas Court of Criminal Appeals, the attorney acknowledges that any documents submitted to the State for any reason must be disclosed to the defense attorney in the event the defendant fails to complete the diversionary process, and the case(s) are returned to the original court or division.
9. Furthermore, any documents submitted to the Restorative Justice/Mental Health Division may be disclosed to the defense attorney if the defendant is ever charged with a new case in the future or becomes a complaining witness in a future case.
10. Finally, the attorney acknowledges that the above examples are not exhaustive; other situations not explicitly outlined here may also fall under the Heath ruling and require disclosure.

I consent to the above waiver, have read CCP Art. 39.14 and the Heath disclosure, and understand that any document submitted to the State is subject to the discovery requirements outlined in Heath. By signing below, I acknowledge my understanding and agreement with these terms:

Defense Attorney Name (printed)

Defense Attorney's Signature

Date

Defendant's Signature

Date