



Berrien County Adult Mental Health Court



Referral Form

Date of Referral: _____ Trial Court Case Number: _____

Defendant name: _____
Last First M.

Address: _____

City State Zip Code

Home Phone: _____ Date of Birth: _____

Current Charges:

Is Defendant in jail? YES _____ NO _____

Referral Sent By: _____ Phone: _____

Current Judge: _____

Upcoming Court Dates: _____

Explanation: (Provide a short explanation of circumstances of this case, & why it should be considered for MHC)

Send completed form to Mental Health Court Coordinator (Misdemeanor Probation Office)
E-mail Robin Ross – rross@berriencounty.org
If you have any questions, please contact Mental Health Court Coordinator at ext. 8747