



PRE-SCREENING FORM

MERRIMACK COUNTY / 6TH CIRCUIT-DISTRICT DIVISION – CONCORD

MENTAL HEALTH COURT

163 North Main Street Suite 201, Concord, NH 03301

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<p>_____ Defendant Name—Last, First, Middle Initial</p> <p>_____ DOB</p> <p>_____ Referral Date</p> <p>_____ Current Location (Inmate, Address, etc)</p> <p>_____ Phone Number</p> <p>Hearing: Pre-Trial Arraignment Show Cause Other: _____</p> <p>Reason(s) for the Referral: (Check all that apply) Possible suicide risk/danger to others Possible inability to care for self in or outside of the jail setting Possible evidence of mental disorder (e.g. psychosis, depression)--- Other: _____</p> <p>Brief summary of the presenting problem (Required): _____</p> <p>_____</p> <p>_____</p> <p>Referred by:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Mental Health Court Judge</td> <td style="width: 25%;">Police/Law Enforcement</td> <td style="width: 25%;">Defense Attorney</td> </tr> <tr> <td>Other Judge/Magistrate</td> <td>Treatment Provider</td> <td>Public Defender's Office</td> </tr> <tr> <td>Judicial Officer</td> <td>Jail</td> <td>Probation</td> </tr> <tr> <td>Court Clerk</td> <td>Court Officials</td> <td>Community Mental Health</td> </tr> <tr> <td>Private Citizen/Family</td> <td>Treatment Provider</td> <td>Self-Referral</td> </tr> <tr> <td colspan="3">Other: Specify _____</td> </tr> </table> <p>_____ Referring Party—Please Print Name</p> <p>_____ Referring Party's Firm/Agency</p> <p>_____ Referring Party's Telephone Number</p>	Mental Health Court Judge	Police/Law Enforcement	Defense Attorney	Other Judge/Magistrate	Treatment Provider	Public Defender's Office	Judicial Officer	Jail	Probation	Court Clerk	Court Officials	Community Mental Health	Private Citizen/Family	Treatment Provider	Self-Referral	Other: Specify _____			<p style="text-align: right;"><u>Check if DV</u></p> <p>Case 1 _____</p> <p>Charge _____</p> <p>Case 2 _____</p> <p>Charge _____</p> <p>Case 3 _____</p> <p>Charge _____</p> <p>Case 4 _____</p> <p>Charge _____</p>
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REQUIRED

*****PLEASE ATTACH A FULLY COMPLETED AND SIGNED RELEASE OF INFORMATION*****

Please note: An incomplete prescreen form may result in a rejection to Mental Health Court.