

# *Referral to 52<sup>nd</sup> District Court Mental Health Court Program*

Referral for: \_\_\_\_\_ Judge (if assigned) \_\_\_\_\_  
Defendant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Case or PO # \_\_\_\_\_ Involvement: MORC ☐ or OCHN ☐  
Legal Guardian/POA name (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_  
Referring Party: \_\_\_\_\_ Phone: \_\_\_\_\_  
Please select your role: ☐ Law Enforcement ☐ Probation Officer ☐ Judge  
☐ Attorney ☐ Prosecutor ☐ Other: \_\_\_\_\_

The defendant has met all of the following MHC program criteria indicated below:

\_\_\_\_\_ **Maintains primary residence in Oakland County**

\_\_\_\_\_ **Does not possess/willing to revoke Medical Marijuana Card.**

\_\_\_\_\_ **Pled guilty/Found guilty/Pled No Contest to the offense.**

**Please be advised, if the defendant has not entered a plea, and/or the case has not been disposed, screening will not occur without express permission from the assigned Judge.**

The defendant does not have any of the following disqualifying activity:

- Violent Offender: an individual charged with or has been convicted of an offense involving the death of, or serious bodily injury to, any individual, whether or not any of these circumstances are an element of the offense, or with criminal sexual conduct of any degree (MCL 600.1090(i).
- Outstanding matters with ICE or illegal alien status

**Submit this form to Hunter Stewart at [stewarth@oakgov.com](mailto:stewarth@oakgov.com) for formal determination of eligibility. Please be advised all referrals are screened and presented to the Treatment Team for final determination before admitted into the program.**