



Court Support – PROGRAM CRITERIA

Client must have ALL of the following:

- Client is aware of this referral and is agreeable to service
- Client has a mental health and/or substance use concern that pre-dates the alleged offense.
- There must be a mental health component and the client must be willing to engage in mental health services.
- Charges are CRIMINAL COURT matters. We are unable to assist with Family Court, Civil Procedures or Provincial Offenses Act (POA) Charges.
- Client must be OUT of custody (please reach out to our Release from Custody program for any in-custody matters).
- Charges must be based in the Halton region.
- The client must be 18+.

Referral Source:	Contact Name:	Contact Number:
Client is aware of this referral and is agreeable to service: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Client surname:		Given name(s):	
Health Card number:	Birthdate: DD/MM/YYYY	Age:	Gender/ Pronouns:
Address:		City:	Postal Code:
Phone:	Leave voice mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can identify service on v/m? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location at time of referral: <input type="checkbox"/> Hospital <input type="checkbox"/> Shelter <input type="checkbox"/> Residential Withdrawal Management Centre <input type="checkbox"/> Community			
Anticipated Discharge Date, if applicable: DD/MM/YYYY			
Other supports involved:			
Mental health / Addictions concerns: Details/ Diagnosis:			
Currently suicidal? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	Previous suicide attempts? <input type="checkbox"/> Yes <input type="checkbox"/> No	History of aggression? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	

Date of Next Court Appearance:
Current Charges:
Criminal Record?:
Additional Information

Yellow referrals: please attach patient consultation notes