



DISTRICT COURT OF MARYLAND FOR

City/County

Located at

Court Address

Case No.

STATE OF MARYLAND

vs.

Defendant

Address

City, State, Zip

MENTAL HEALTH COURT REFERRAL FORM FOR FAST SCREENING

(TO BE COMPLETED BY REFERRAL SOURCE)

Date of Referral

Name

Agency

Telephone Fax E-mail

Reason for Referral

Check all that apply:

Competency

Transfer to Mental Health Court

Medication Referral

Assess for Mental Health Probation Agent

Service Plan

Assess for Mental Health Pretrial Agent

Agency

DEFENDANT INFORMATION

SID No.

Court Date

DOB

Lives with

Telephone

Additional Telephone

In custody

In community

TO BE COMPLETED BY FAST

Accepted by FAST Yes No Explain

Accepted into Mental Health Court Yes No Explain

Appropriate for MH Probation Agent Yes No Explain

Appropriate for MH PTS Agent Yes No Explain

OUTCOME OF REFERRAL

Mental Health Pretrial Supervision Meds Provided

Comp Eval FAST Supervision Plans Arranged

Transferred to MH Mental Health Probation Supervision

Defendant Refused Participation

Copy of completed form sent to referral source

When