



FIFTEENTH JUDICIAL DISTRICT COURT

301 E. Huron St., P.O. Box 8650, Ann Arbor, MI 48107-8650

STATE OF MICHIGAN

Washtenaw County Mental Health Treatment Court Referral Information

Thank you for your interest in the Washtenaw County Mental Health Treatment Court, located at the 15th District Court in Ann Arbor. In order to efficiently respond to your request for a defendant's participation in the court, please complete the enclosed referral form to begin the eligibility assessment for each prospective participant.

Once it is determined a defendant is legally and clinically eligible to participate in the Washtenaw County Mental Health Treatment Court, the transferring court sentences the defendant and transfers supervision of the defendant's probation to the 15th District Court, where Judge Karen Quinlan Valvo presides over the Washtenaw County Mental Health Treatment Court. Credit for fines and costs assessed by the transferring court remains with the transferring court. Probation costs and related fees will be assessed and paid to the 15th District Court. On transfer, the following **must** be included:

1. A referral form signed by the defendant, judge, and prosecutor (see attached).
2. A copy of the pertinent police report and original complaint.
3. Register of action for case(s) being transferred; and
4. Probation contract or notice stating that the defendant has not been sentenced.

Please note, with the exception of domestic violence, the Mental Health Treatment Court cannot accept defendants who are violent offenders as defined in MCL 600.1090(i) or who are charged with (or convicted of) criminal sexual conduct in any degree.

Thank you for your interest. If you have any questions or concerns, please feel free to contact me through the information shown below.

Sincerely,

Paul D. Graveline

Specialty Court Coordinator

15th Judicial District Court

301 E. Huron St.

Ann Arbor, MI 48107

Phone: (734) 794-6761 x47542

Fax: (734) 794-6762

PGraveline@a2gov.org



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Mental Health Treatment Court Office: (734) 794-6761 x47542

Rebecca Elder - Probation Agent: (734) 794-6761 x47537

Fax: (734) 794-6762

STATE OF MICHIGAN

VIOLENT OFFENDERS AND DEFENDANTS CHARGED WITH CSC ARE NOT ELIGIBLE

DATE: _____ REFERRING COURT: _____

DEFENDANT INFORMATION

LAST NAME: _____ FIRST NAME: _____

CASE #: _____

DOB: _____ TELEPHONE #: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

CURRENTLY INCARCERATED: WCJ _____ OTHER: _____

CHARGE(S):

DEFENSE ATTORNEY'S NAME: _____

ATTORNEY'S Contact info (Phone / email): _____

REFERRING COURT

Completion of this form does not guarantee acceptance into the Washtenaw County Mental Health Treatment Court. **The referring court must fax this sheet to the 15th District Probation Department, (734)794-6762 C/O Paul Graveline,** to begin the screening process. Along with this form, any PSI's and all available mental health and substance use assessments must also be included.

REFERRING JUDGE'S SIGNATURE: _____ DATE: _____

Printed Name: _____

REFERRING PROSECUTOR'S SIGNATURE: _____ DATE: _____

Printed Name: _____

Date: _____ Accepted: _____ Not Accepted: _____ Initialed: _____

Not Accepted: Defendant did not meet: _____ Legal Eligibility _____ Clinical Eligibility

Forwarded to referring court on _____ by _____



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CANDIDATE

You have been referred to the 15th District for screening for possible entry in the Washtenaw County Mental Health Treatment Court.

In addition to the bond conditions set by the presiding judge you must also comply with the following conditions:

- **Contact the Probation Department Clerk at (734) 794-6761 extension "0", within 3 days (between 8 am and 4 pm Monday through Friday), to arrange an appointment for a screening interview.**
- **Submit to a pre-admission screening and mental health assessment, as directed by the Mental Health Court Coordinator and/or the Court's Probation Agent.**

I agree to the above terms as part of my consideration for entry into Washtenaw County Mental Health Court.

DEFENDANT'S PRINTED NAME: _____

DEFENDANT'S SIGNATURE: _____

DATE: _____