



STATE OF MICHIGAN

## FIFTEENTH JUDICIAL DISTRICT COURT

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

### Washtenaw County Mental Health Treatment Court Referral Information

Thank you for your interest in the Washtenaw County Mental Health Treatment Court, located at the 15<sup>th</sup> 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 15<sup>th</sup> 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 15<sup>th</sup> 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  
15<sup>th</sup> Judicial District Court 301 E. Huron St.  
Ann Arbor, MI 48107  
Phone: (734) 794-6761 x47542  
Fax: (734) 794-6762  
[PGraveline@a2gov.org](mailto:PGraveline@a2gov.org)



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

Joseph Royal - Probation Officer: (734) 794-6761 x47538

Fax: (734) 794-6762

\*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: \_\_\_\_\_ OTHER: \_\_\_\_\_

CHARGE(S):

\_\_\_\_\_  
\_\_\_\_\_

ATTORNEY'S NAME: \_\_\_\_\_

ATTORNEY'S Contact info (Phone / email) : \_\_\_\_\_

NEXT COURT DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

### 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 15<sup>th</sup> 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: \_\_\_\_\_

REFERRING PROSECUTOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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 15<sup>th</sup> District for screening for entry into 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 24 hours (between 8 am and 4 pm Monday through Friday), to arrange an appointment with Joseph Royal, the MHTC Probation Officer, 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 Officer.

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: \_\_\_\_\_