



SUPERIOR COURT OF CALIFORNIA

COUNTY OF SANTA CRUZ
COLLABORATIVE COURTS OFFICE
701 OCEAN STREET
SANTA CRUZ, CA 95060
(831) 420-2498
www.santacruzcourt.org

Behavioral Health Court Contact Information Form

Client Name: _____ Date of Referral: _____

DOB: _____ Phone number: _____

Referral Source Name: _____ Referral Source Phone Number: _____

Hispanic: Yes No Ethnicity: _____ Sex: _____

Case Number(s) _____

Offense(s) _____

Charge Level: Felony Misdemeanor Violation of Supervision Other

In Custody: Main Jail Rountree Blaine St. Women's Facility R&R Out of Custody

Military Service: Yes No Unknown

Has been declared PC 1368: Current Past No Unknown

Healthcare insurance: Yes No Insurance Provider: _____ County: _____

Mental Health Diagnosis:

1) _____ 2) _____

Current Past Documented Self-Report Current Past Documented Self-Report

Psychiatric Medications:

1) _____ 2) _____

Current Past Documented Self-Report Current Past Documented Self-Report

By signing below, you acknowledge that you have received information about Behavioral Health Court (BHC), you are open to being assessed for BHC, and you are interested in receiving mental health services. This includes participating in mental health programming as recommended, taking all medication as prescribed, sustaining from all substances, submit to testing and follow directives of County Mental Health and Probation.

Participant Signature

Date