## **Jackson County Wellness Court Referral**

**Inquiries can be directed to:** <u>JAC.MHprograms@ojd.state.or.us</u> however, referrals must come from the defense attorney.

## Do not proceed with the referral if:

guarantee eligibility.

- Cases are closed or outside of Jackson County Circuit Court
- Defendant is not facing prison on their charges
- Defendant is a registered sex offender or facing sex offenses
- Defendant is facing Measure 11 charges (without opt-out) and/or the State opposes treatment court

Defendant's Name & DOB:	Date of Referral:	
<b>Current housing:</b>	Defense Attorney:	
Contact info:	Case Numbers:	
*If Defendant is out of custody, they can be directed to view a WC session on any Tuesday at 1pm, courtroom 203.		
Referral Checklist:		
<ul><li>□ Schizophrenia</li><li>□ Schizoaffective disorder</li><li>□ Bipolar 1 disorder</li></ul>	<b>Mental Diagnosis (must select one):</b> – specified as severe, recurrent, with	
Diagnosis is established by:		
*If none can be selected, do not procee NOTE: "Unspecified Schizophrenia Spectrum		

II.	Defendant agrees to (must check all to proceed):	
	☐ Take an antipsychotic and/or mood stabilizers	
	☐ Abstain from alcohol, marijuana, and illicit substances	
	☐ Submit to random alcohol/drug screens	
	☐ Participate in mental health AND substance abuse treatment	
	☐ Live in housing approved by the WC Team, in Jackson County	
III.	Describe the nexus between the *qualifying mental diagnosis and the criminal charges:	
IV.	Additional information:	

**This referral will not be considered** without indictments and police reports, and any referenced forensic evaluations/medical records. The WC Coordinator will review the documents, meet with the applicant, and request additional records **before a case staffing will be scheduled.** 

All documents shall be sent to: JAC.MHprograms@ojd.state.or.us