

Lorain County WELLNESS COURT REFERRAL FORM

Defendant's Name: _____ d/o/b _____ Case Number: _____

Attorney: _____ Assigned Judge: _____

Name of Person Making Referral: _____ Title: _____

Agency: _____ Phone: _____ Email: _____

Defendant's Most Recent Mental Health Provider: _____

Case Manager or Counselor Name: _____ Phone: _____

Mental Health Diagnosis(es): _____ Veteran: Yes No

Defendant Address: _____ Phone: _____

In custody? No *or* Yes If yes, list jail/institution: LCSO Jail CBCF Other: _____

Current Offense(s) and Degree: _____

GENERAL ELIGIBILITY FACTORS

Please check mark applicable factors

Referral Source	Prosecutor Only	Eligibility Factor
		Not currently charged with any sex offense or arson.
		Not currently charged with an offense involving a child victim.
		No history of serious or repetitive violence.
		Not NGRI or Incompetent to Stand Trial
		No history of sex offenses or child victim offenses.
		No history of offenses which were not driven by mental illness.
		The Defendant is a Lorain County Resident
		Does not pose a significant risk of harm to Wellness Court staff.
		The current offense does not require a mandatory prison sentence.

PARTICIPATION TRACKS

TRACK 1: INTERVENTION ELIGIBLE

_____ All must apply to be eligible for "intervention track." *(Check all that apply)*

- The Defendant meets all of the general eligibility requirements (above).
- The Defendant meets the mandates of R.C. 2951.041 (Intervention Statute).

TRACK 2: POST-CONVICTION: (Check all that apply)

_____ The Defendant meets the general eligibility requirements (above) and has been or will be sentenced to a CCS, minimum of (2) years with either ISP. The assigned judge will maintain the case

