

SEATTLE MUNICIPAL COURT
REFERRAL TO MENTAL HEALTH COURT (MHC)

FAX TO: SONYA OH, MHC COURT LIAISON
Email: SonyaO@smh.org

Fax: 206-386-1272
Phone: 206-233-2676

Note: Typically the attorney requesting the case be transferred to MHC completes this Referral Request. When completed, this Referral Request along with a signed Release of Information is faxed to the Court Liaison who reviews it & makes a recommendation to the MHC Judge. To facilitate this process please contact the Court Liaison by phone or email with any questions you have about your referral. The Court Liaison will inform you whether your case has been accepted into MHC for a look-see hearing.

DATE: _____

Defense Attorney: _____ **Phone #:** _____

Defense Attorney Email: _____

Defendant Name: _____ **DOB:** _____

Case # (s): _____ **Charges:** _____

Next scheduled hearing date, time, & location: _____ **Hrg Type:** _____

Other open SMC Cases: _____

Cases in Other Jurisdictions: _____

Custody Status: IN **OUT** **Defendant's Phone** _____

Defendant's Address _____

Please provide the following information: (attach additional sheets as needed)

- **SIGNED MHC Release of Information**
- **A copy of the Incident Report**
- **A copy of Defendant's Criminal History**
- **Prosecutor's Sentence Recommendation** _____
- **MH Axis I diagnosis** _____
- **MH treatment history** _____

- **Contact names and phone numbers for other information (case manager, doctors, etc.)** _____

- **Brief explanation as to reason for referral** _____

