



**EIGHTH JUDICIAL DISTRICT COURT
SPECIALTY COURTS DIVISION**

Regional Justice Center
200 Lewis Avenue
Las Vegas, Nevada 89155
(702) 671-3291

Mental Health Court Referral

Please return to SpecialtyCourts@clarkcountycourts.us

Defendant's Name: _____ DOB: _____

Social Security#: _____ Gender: Male ☐ Female ☐ Race: _____

Originating Court: _____ ID#: _____ Case# _____

Charges: _____

Attorney: _____ Contact Information: _____

Please attach the following (if available):

☐ Charging Document
☐ Case Information Sheet
☐ Psychiatric Evals, MH hx

☐ P.C.
☐ PSA
☐ Substance Abuse hx

Arresting Agency: _____ Arrest Date/Time: _____

Does the Defendant appear to be aware of his/her charges and able to talk rationally about them?

Yes ☐ NO ☐ Comments: _____

Has the defendant received services locally for mental illness: Yes ☐ No ☐

Name of Agency: _____ Diagnosis: _____

Please indicate type of services received: _____

Was medication prescribed? Yes ☐ No ☐ Medications: _____

Does the defendant have a history of Violence ☐ Gang Affiliation ☐ Drug Trafficking ☐

Referred by: _____ Relationship: _____

Phone Number: _____ Date Referred: _____

***** Mental Health Court Use Only *****

Disposition:	Accepted	Rejected	Date:
Diagnosis:	Substance Abuse:		