



**50th JUDICIAL DISTRICT – COURT OF COMMON PLEAS
BEHAVIORAL HEALTH COURT**

Butler County

124 W. Diamond Street -:- PO Box 1208 -:- Butler, PA 16003-1208
724-284-5268 TDD Users 724-284-5473

The Honorable Timothy McCune, Judge

Terri Schultz, Assistant District Attorney Kevin Flaherty, Chief Public Defender Erin McGarrity, Probation Officer
Tara Hamilton, Mental Health Specialist Rachael Bienias, BHC Liaison/CM (CCR)
Justin Baptiste, Prison Representative Holly Hines, Specialty Court Clerical

Referral Form

REFERRAL INFORMATION

Referral Source:	Phone number:
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CLIENT & COURT INVOLVEMENT INFORMATION

Client's name:	Date of Referral:
Date of Birth:	Social Security #:
Home Address:	Home Phone #: Cell Phone #:
Currently incarcerated in Butler County Prison: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, admittance date:
Has client ever served in the U.S. Military/Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the client currently on probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who is the probation/parole officer :	
Any outstanding charges/detainers: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where and what charges:
Current Charges:	Case numbers:
Court Status: <input type="checkbox"/> Preliminary <input type="checkbox"/> Arraignment <input type="checkbox"/> Pre-trial conf. <input type="checkbox"/> Trial <input type="checkbox"/> Gagnon	

MENTAL HEALTH INFORMATION

Mental Health Diagnosis:	Treatment Provider:
	If none, when last in services:
Alcohol/Drug Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, current treatment provider:

SOME INDICATORS OF SEVERE MENTAL ILLNESS (check those observed or reported):

- | | | |
|-----------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Auditory/Visual Hallucinations | <input type="checkbox"/> Irrational/Bizarre Behavioral | <input type="checkbox"/> Delusional Thoughts |
| <input type="checkbox"/> Hx of psychiatric hospitalization | <input type="checkbox"/> Suicidal Behavior | <input type="checkbox"/> Severe Depression |
| <input type="checkbox"/> Manic Behavior/speech, racing thoughts | <input type="checkbox"/> Self-injurious Behavior | |

**REFERRAL FORMS SHOULD BE FORWARDED TO THE CASE MANAGER
PHONE: 724-487-5728, FAX: 724-431-1011, 212-214 S. Main St. Butler, PA 16001**