



**50<sup>th</sup> JUDICIAL DISTRICT – COURT OF COMMON PLEAS  
SPECIALTY COURTS REFERRAL FORM**

# Butler County

124 W. Diamond Street -:- PO Box 1208 -:- Butler, PA 16003-1208  
724-284-5265 TDD Users 724-284-5473

**The Honorable William R. Shaffer, Administrative Judge & The Honorable Timothy F. McCune, Judge**

**REFERRAL INFORMATION**

<b>Referral Source/Attorney:</b>	<b>Phone number:</b>	<b>Date of Referral:</b>
<b>Program(s) of Interest:</b> Drug Treatment Court, Behavioral Health Court or Veterans Treatment Court		<input type="checkbox"/> <b>DTC</b> <input type="checkbox"/> <b>BHC</b> <input type="checkbox"/> <b>VTC</b>

**CLIENT & COURT INVOLVEMENT INFORMATION**

Client's name:	Date of Birth:	Gender:	Race:
Home Address:	Social Security #:		
Home Phone #: Cell Phone #:	Email:		
Currently incarcerated in Butler County Prison: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, admittance date:		
<b>Has client ever served in the U.S. Military/Armed Forces?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Branch of Military: _____ Dates of Service: _____ to _____			
Discharge Status (Honorable, General, etc.): _____			
List Service in a Combat Theater & Location, If known: _____			
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:		
<b>Current Charges:</b>	<b>OTN/Criminal Case#:</b>		
<b>Court Status:</b> <input type="checkbox"/> Preliminary <input type="checkbox"/> Arraignment <input type="checkbox"/> Pre-trial conf. <input type="checkbox"/> Trial <input type="checkbox"/> Gagnon			

**MENTAL HEALTH/ DRUG & ALCOHOL INFORMATION**

Mental Health Diagnosis:	Treatment Provider:
	If none, when last in service(s):
Drug & Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, current treatment provider:
Drug(s) of Choice: _____	

**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 SPECIALTY COURTS COORDINATOR, HOLLY HINES  
PHONE: 724-284-5265, FAX: 724-285-8762, 124 West Diamond Street, P.O. Box 1208, Butler, PA 16003**