

## Problem-Solving Courts and Diversion Programs Referral Form

STATE OF ILLINOIS )  
 ) SS  
 COUNTY OF COOK )

**REFERRAL FORMS MUST BE EMAILED WITH SUBJECT LINE "PSC AND DIVERSION REFERRAL" TO:**  
[problemsolvingcourts@cookcountyil.gov](mailto:problemsolvingcourts@cookcountyil.gov) , [pdproblemsolvingcourts@cookcountyil.gov](mailto:pdproblemsolvingcourts@cookcountyil.gov) AND  
[sao.diversionreferrals@cookcountyil.gov](mailto:sao.diversionreferrals@cookcountyil.gov)  
**TO BEGIN THE LEGAL ELIGIBILITY SCREENING REQUEST PROCESS.**

**Check only one location:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> CRIMINAL DIVISION                  | <input type="checkbox"/> 2 <sup>nd</sup> MUNICIPAL DISTRICT | <input type="checkbox"/> 3 <sup>rd</sup> MUNICIPAL DISTRICT |
| <input type="checkbox"/> 4 <sup>th</sup> MUNICIPAL DISTRICT | <input type="checkbox"/> 5 <sup>th</sup> MUNICIPAL DISTRICT | <input type="checkbox"/> 6 <sup>th</sup> MUNICIPAL DISTRICT |

PEOPLE OF THE STATE OF ILLINOIS ) Case No.: \_\_\_\_\_  
 VS. ) Charge: \_\_\_\_\_  
 ) Date of Birth: \_\_\_\_\_  
 ) Defendants IR #: \_\_\_\_\_  
 \_\_\_\_\_ ) Custody Status (check one):  In Custody  On Bond  
*(Defendant's legal name)*

\_\_\_\_\_ asks that this matter be screened for legal eligibility to be transferred to:

*Requesting Party*

### CHECK ONLY ONE PROGRAM BELOW:

**PROBLEM-SOLVING COURTS**

- Drug Court
- ACT Court (*Crim. Division*)
- Mental Health Court
- Veterans Treatment Court

**ADULT DIVERSION PROGRAMS**

- Felony Deferred Prosecution
- Drug Deferred Prosecution
- SEED - Supporting Education and Employment Development

**RESTORATIVE JUSTICE COMMUNITY COURT**

- RJCC - Avondale
- RJCC - Englewood
- RJCC - North Lawndale

This case will be continued until \_\_\_\_\_ for the purpose of legal eligibility screening.  
*(As least 2 weeks)*

If the defendant is in custody, it is further ordered that the Cook County Department of Corrections shall allow a representative of TASC Inc., Amita Health, or NAMI Chicago access to the defendant while in custody, for the purpose of conducting any interview or evaluation necessary in connection with this order.

Judge Name: \_\_\_\_\_ Date: \_\_\_\_\_

Court Location: \_\_\_\_\_ Court Room #: \_\_\_\_\_

Defendant's Jail Location: \_\_\_\_\_ Jail ID: \_\_\_\_\_ County ID#: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

| FOR PROBLEM-SOLVING COURT ADMINISTRATIVE USE ONLY  |  |
|--|--|
| LEGAL REVIEW   | CLINICAL SCREENING/ASSESSMENT  |
| Date RCVD: _____<br>Reviewer: _____<br>Outcome: _____<br>If other, Specify: _____<br>If <b>ELIGIBLE</b> , date sent for PSC team _____<br>If <b>INELIGIBLE</b> , date determined _____ | Date screened: _____<br>Screened by: _____<br>Outcome: _____<br>If other, Specify: _____<br>ARA Risk Level: _____<br>Date to PSC Team: _____ |