Reset

District Court of Clark County
Therapeutic Specialty Courts - Referral for Screening

(check one) ☐ MHC ☐ VET ☐ SAC

Date of Referral: August 07, 2014

(Circle One if known)

Case Number (s): _____ Charge (s): _____ ☐ Post / ☐ Pre Plea
_____ Charge (s): _____ ☐ Post / ☐ Pre Plea
_____ Charge (s): _____ ☐ Post / ☐ Pre Plea

Name of Client: _____
First Middle Last

Date of Birth: _____ Client Phone: _____

Client Address: _____
Street City Zip

Name of Attorney: _____ Attorney Phone: _____

CLIENT: Please CALL the Specialty Court Coordinator at 360-397-2431 to make arrangements for a screening eligibility appointment. If you are incarcerated, Specialty Court staff will make arrangements to come see you in the jail.

I understand that if I do NOT attend that this may jeopardize the possibility of my participation in this program. Additionally, I affirm that I have read the Specialty Court brochure.

_____ Today's Date: August 7, 2014
Client Signature Return to Court Date: _____
at _____

Judge/Referring Agency: _____
Judge of the District Court, Dept No_____

Print

*JA's: Please pass the green copy on to the District Court TSC Coordinator ASAP.

(If accepted, attorneys will be notified of their clients Therapeutic Specialty Court docket date**).**

***BASIC ELIGIBILITY CRITERIA*:**

1. Current charges must be misdemeanors or gross misdemeanors
2. You **CANNOT**:
   - Have prior sex offense that requires registration
   - Serious violent criminal convictions – as defined by RCW 9.94A.030
   - Have any pending charges other than the case(s) referred
   - Any outstanding warrants in any jurisdiction
   - Charged with and/or convicted of an offense in which the defendant used a firearm
3. You must:
   - Pass a criminal background check
   - Be a Clark County, Washington resident.
   - Volunteer for the program
   - Admit to having a drug/alcohol addiction and/or mental health diagnosis
   - **Want** treatment

Distribution: White- Court Green- TSC Coordinator Yellow- Prosecutor Pink- Defense Gold- Defendant