TROUP COUNTY MENTAL HEALTH COURT APPLICATION

IN OFFICE USE ONLY ☐ Solicitor's Office ☐ DA's Office Rec'd Date: _____

PERSONAL INFORMATION

Name	Date of Birth	Social Security Number	DL Number (or ID)
Phone Number	Currently Incarcerated? ☐ Yes ☐ No	If yes, where?	
US Citizen? ☐ Yes ☐ No	If no, type of VISA		

Home Address: _____

Are you employed?
☐ Yes ☐ No

If employed, please complete the following:

Employer	Phone Number
Address	
Job Description (please be detailed)	

Are you a Veteran? ☐ Yes ☐ No

EMERGENCY CONTACT

Name	Number	Relationship

MENTAL HEALTH HISTORY

Have you ever been diagnosed with a mental illness? ☐ Yes ☐ No	Diagnosis
Are you currently prescribed ANY medications for your mental illness? ☐ Yes ☐ No	
Prescribing Doctor	Next Appointment
Have you ever received services from Pathways Center? ☐ Yes ☐ No	

SUBSTANCE ABUSE INFORMATION

Do you abuse any drugs or alcohol? ☐ Yes ☐ No	Drug(s) of Choice
Have you ever received treatment for drug abuse? ☐ Yes ☐ No	

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LEGAL INFORMATION

Do you have a Lawyer? ☐ Yes ☐ No	
Attorney Name	**Phone Number**

PAST CONVICTIONS

Have you ever been convicted of a misdemeanor or felony offense? ☐ Yes ☐ No

CURRENT CHARGES

What are your current charges? _____

_____

OTHER PENDING CHARGES

Do you have any other pending charges NOT in Troup County? ☐ Yes ☐ No

Agency Name	**Case Numbers**
Charges	
Any other information	

PROBATION / PAROLE

Are you currently on Probation or Parole? ☐ Yes ☐ No	**Where?**	**Officer Name(s)**

ACKNOWLEDGMENT

I, _____, understand that final determination about Mental Health Court eligibility will be decided after review of all pertinent information. I agree to submit any additional information relevant to this Mental Health Court referral and that the facts set forth in this application are true and correct to the best of my knowledge, information, and belief.

Signature: _____ **Date:** _____

Return this form and any relevant evaluations or reports to:

Christopher Ridgeway, Case Manager
cridgeway@troupcountyga.gov | 706-298-3752

******* For Program Use Only. Do Not Write Below This Line. Thank you. *******

Rec'd by	**Def. Attorney / Public Defender**	**☐ Solicitor**	**☐ DA Office**
Assigned ADA / Solicitor	**Approved** ☐ Yes	**Denied** ☐ Yes	**Date**
Program ADA / Solicitor	**Approved** ☐ Yes	**Denied** ☐ Yes	**Date**
Notes			