



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY  
 BEHAVIORAL HEALTH DEPARTMENT  
 JUSTICE SERVICES DIVISION**

**Michael Hill**, *Health Agency Director*  
**Anne Robin, LMFT** *Behavioral Health Director*  
**Teresa Pemberton, LMFT**, *Division Manager*

**BEHAVIORAL HEALTH COURT SCREENING REFERRAL FORM**

- CLIENT WILL BE CONTACTED BY JUSTICE SERVICES WITHIN 24 HOURS AT THE PHONE NUMBER PROVIDED TO MAKE AN APPOINTMENT FOR SCREEING BY ZOOM OR IN-PERSON

Today's Date \_\_\_\_\_ REFERRED TO: MHD Other Program \_\_\_\_\_

**REFERRAL INFORMATION**

Referred by: \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Attorney or Judge

Public Defender \_\_\_\_\_ Private Counsel \_\_\_\_\_ Court/Judge \_\_\_\_\_

Date of next court hearing: \_\_\_\_\_ Department \_\_\_\_\_

**CLIENT CONTACT INFORMATION**

Client name: \_\_\_\_\_ Alias \_\_\_\_\_  
 First Middle Last

DOB: \_\_\_\_\_

Out of custody \_\_\_\_\_ In Custody \_\_\_\_\_

Client Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_

Send screening outcome to additional people : DDA (Name) \_\_\_\_\_ Court/Judge \_\_\_\_\_

REFERRAL FORM CAN BE E-MAILED TO  
 kcastro@co.slo.ca.us  
 SAN LUIS OBISPO BEHAVIORAL HEALTH – JUSTICE SERVICES

**County of San Luis Obispo Health Agency**