

KOOTENAI COUNTY TREATMENT COURT REFERRAL/APPLICATION

Please email this completed form along with any collateral to: txcourtferrals@kcgov.us

Client Name:
Referral Date:
Case Number (s)
Date of Birth:
Phone Number (s)
Attorney Making Request:
Judge / Next Hearing Date:
Resident of KC (Y/N) <i>Must be resident of KC</i>
Describe current housing situation or plan for stable housing:
In / Out of Custody
Most Recent LSI Score (last 12 months)
PSI or Substance Abuse Assessment recently completed? Y/N
Veteran? Y/N
Probation Officer:
Any mental health diagnosis or prior hospitalizations? Taking psychotropic medication?
Brief Explanation as to why you are referring and to which Treatment Court Program? <input type="checkbox"/> Mental Health Court <input type="checkbox"/> Drug Court <input type="checkbox"/> DUI Court
Other Pending Holds and/or Parole Violation(s)
Has the State made an offer? (Include offer if this is a Track 1)
Valid DL / Access to Transportation Y/N
Funding Source (Medicaid) / Active or Not Active
Medicaid #