



Rome Circuit
Mental Health Court

Referral Form

Please email completed form to:
amy.bergstrom@floydcountyga.org

Date:

Offender Name:

Date of Birth:

Docket Number:

Phone Number:

Offender in Custody? Yes No Location:

Offender on Probation? Yes No Time Remaining on Sentence:

Current Offense(s):

Known Mental Health Diagnosis, in any:

History of Current Drug/Alcohol Use/Criminal Behavior:

Reason for Referral:

Referral Source (Name/Agency):

Phone Number: Email:

Date Received by Coordinator:

Accepted: Justification:

Denied:

Signature of Mental Health Court Coordinator

Date