



**Rome Circuit  
Mental Health Court**

# Referral Form

Please email completed form to:  
[amy.bergstrom@floydcountyga.org](mailto: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:

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Reason for Referral:

Referral Source (Name/Agency):

Phone Number:      Email:

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Date Received by Coordinator:

Accepted:      Justification:

Denied:

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Signature of Mental Health Court Coordinator

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Date