

MENTAL HEALTH COURT APPLICATION

Please answer each question honestly by picking Yes or No. If you require assistance in answering these questions, please speak with your defense attorney.

NAME: _____ PHONE # _____ DOB: _____

HOME ADDRESS: _____
Street, City, State, Zip

EMAIL: _____

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|--|-----|----|
| 1. Are you living outside of Davis County? | YES | NO |
| 2. Are you homeless? | YES | NO |
| 3. Have you previously participated in the Mental Health Court program in Davis County or in any other County/Jurisdiction within the last 10 years? | YES | NO |
| 4. Do you have a Mental Health Diagnosis?
If yes, what is the diagnosis? _____ | YES | NO |
| 5. Are you prescribed and taking any medications?
If yes, what are your current medications? _____
_____ | YES | NO |
| 6. Are you currently receiving Disability, SSI or Military benefits? If So, describe _____ | YES | NO |
| 7. Do you have any open/pending cases including pending OTSC in other Jurisdictions? | YES | NO |
| 8. Do you have any outstanding warrants? | YES | NO |
| 9. Have you ever been convicted of an offense that involved the use of a gun or other dangerous weapon or caused serious bodily injury? | YES | NO |
| 10. Have you ever been convicted of a felony sex offense, or a registerable misdemeanor sex offense? | YES | NO |
| 11. Are you currently on probation/parole? If yes, who is your officer/agency? _____ | YES | NO |

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Send printed copy to Tera Gibson at tgibson@co.davis.ut.us