



Send Completed Form To:
 Email: MHC@knoxcounty.org
 Fax: (865) 215-5270

Knox County Mental Health Court (KCMHC) Referral Form

 Last Name First Middle

Previous Names (Including maiden, nicknames, alias): _____

Male Female DOB: _____ Race: _____ Veteran: No Yes

Current Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

IDN: _____ Docket Number (s): _____

Currently Incarcerated, If Yes Where? _____

Do you have a pending application with another KCSC or DRC? _____

Sentencing Judge: _____ Probation Officer: _____

Diagnosis: _____

I _____ would like to apply for admission into the Knox County Mental Health Court and hereby consent to communication between:

The Knox County Mental Health Court, And

Applicant's Attorney Name Attorney's Phone # Fax #

**Knox County General Sessions Court
 Knox County Criminal Court
 Knox County Attorney General's Office**

**Knox County Public Defender's Office
 Tennessee Board of Probation and Parole
 Knox County Probation and Pretrial Release**

The purpose of and need for the disclosure is to inform the agency(ies)/Individual(s) listed above of admission recommendation into the program. The extent of information to be disclosed is interview date, admission recommendation, admission date, and place of residence upon admission. I understand that this consent will remain in effect until there has been a formal and effective decision about my acceptance into the Knox County Mental Health Court. I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.

Signature of Applicant: _____ Date: _____

Signature of Defense Attorney: _____ Date: _____

Official Use for DA Representative Only:
 Approved Denied Signature: _____ Date: _____