

ALCOVY CIRCUIT RESOURCE COURT REFERRAL FORM

Full Name: _____ Date of Birth: _____

Social Security Number: _____ Gender: _____

Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

County of Residence: _____ Date of Referral: _____

Emergency Contact Name, Phone, & Address: _____

Emergency Contact Relationship: _____

Name & Phone Number of Person Completing this Form: _____

DEMOGRAPHIC INFORMATION

Race/Ethnicity: _____ Primary Language: _____

Marital Status & Name/DOB of Significant Other: _____

Transportation? _____ Cigarette Smoker? _____ Children? _____

Ages of Children: _____ Custody & Residence of Children: _____

Prior Military Service (Include Branch & Dates): _____

Highest Level of Education Completed & Where: _____

Employment Status (Full Time, Part Time, or Unemployed): _____

Employer Name & Location: _____

CRIMINAL INFORMATION

Currently in Custody? _____ GASID#: _____

Currently on Probation? _____ County: _____

Arrest Date? _____ Current Charges: _____

Past Charges: _____

MENTAL HEALTH/MEDICAL INFORMATION
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Mental Health Diagnos(es): _____

Doctor or Facility Providing Diagnos(es): _____

Date of Most Recent Assessment: _____ Insurance/Medicaid/Uninsured: _____

Previous Mental Health Providers: _____

Previous Psychiatric Hospitalizations: _____

History of Substance Abuse/Addiction? _____ Drug(s) of Choice: _____

Previous Substance Abuse/Residential Treatment: _____

PLEASE RETURN THE COMPLETED FORM TO COURT COORDINATOR:

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