

JUVENILE TREATMENT AND SUPPORT COURT (JTASC) REFERRAL FORM	DATE REFERRAL SUBMITTED: Click or tap to enter a date.
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See page 3 for information about the Treatment and Support Court and eligibility criteria.

CANDIDATES NAME: Click or tap here to enter text. **CASE NUMBER:** Click or tap here to enter text.

DEFENSE COUNSEL: Click or tap here to enter text. **_DEFENSE E-MAIL** Click or tap here to enter text.

JUDGE: Click or tap here to enter text. **NEXT COURT DATE:** Click or tap here to enter text.

DEMOGRAPHIC INFORMATION

GENDER: Male Female **PREFERRED PRONOUNS** Click or tap here to enter text.

RACE: Black White Other: Click or tap here to enter text. **HISPANIC ETHNICITY?** Yes No

LANGUAGE OF PARENT AND CHILD: Click or tap here to enter text. **INTERPRETER NEEDED** Yes No

Gender and Race information is used for statistical reporting only and will not affect eligibility)

Is candidate a resident of Kent County? No Yes Insurance Type: _____

Address: Click or tap here to enter text.	DOB: Click or tap here to enter text.	Cell Phone: Click or tap here to enter text.
City: Click or tap here to enter text.	Zip: Click or tap here to enter text.	E-mail Address: Click or tap here to enter text.

LEGAL INFORMATION- Please attach police reports for current charge(s)

List open cases and provide case number(s), charge(s), type, and Presiding Judge.			
Case(s) # Pre or Post Adjudicated	Charges	F or M	Judge
Click or tap here to enter text.	Click or tap here to enter text.		Click or tap here to enter text.
Prior Adjudications? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, # of prior felonies _____ # of prior misdemeanors _____			
Candidate is: <input type="checkbox"/> In Detention <input type="checkbox"/> On probation <input type="checkbox"/> Out of Home Placement <input type="checkbox"/> Residential			
If youth is in out of home placement: Name of worker: _____ Phone: _____			

PHYSICAL HEALTH

Does candidate have any current medical conditions or physical limitations that would impact their ability to participate in JTASC? No Yes

If yes, please describe: [Click or tap here to enter text.](#)

MENTAL HEALTH

Has candidate ever been diagnosed with a mental health disorder? No Yes

If yes, describe: [Click or tap here to enter text.](#)

Has candidate ever attended treatment for a mental health disorder? No Yes

If yes, please describe when and where. [Click or tap here to enter text.](#)

Is the candidate currently taking ANY medication for a mental health condition? No Yes

SUBSTANCE ABUSE

Has the candidate ever abused, or been diagnosed, with a substance use disorder? No Yes

If yes, list substances: [Click or tap here to enter text.](#)

Has candidate ever attended treatment for a substance use disorder? No Yes

If yes, describe when and where: [Click or tap here to enter text.](#)

ELIGIBILITY QUESTIONS

Is youth charged with or have a past adjudication for Criminal Sexual Conduct? Yes No

Is youth currently adjudicated with or have a past adjudicated for a violent crime resulting in death or serious bodily harm? Yes No

Does youth show a pattern of violence? Yes No

THIS SECTION TO BE COMPLETED BY PROSECUTOR:

Meets legal criteria Does not meet legal criteria

If no, reason (circle all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Police Object | <input type="checkbox"/> Prosecutor's Discretion | <input type="checkbox"/> History of Drug Dealing |
| <input type="checkbox"/> Prior Record | <input type="checkbox"/> History of Violent Offenses | |
| <input type="checkbox"/> Statutory ineligibility | <input type="checkbox"/> Victim Input | |

Initials of reviewing prosecutor: _____

JUVENILE TREATMENT AND SUPPORT COURT (JTASC)

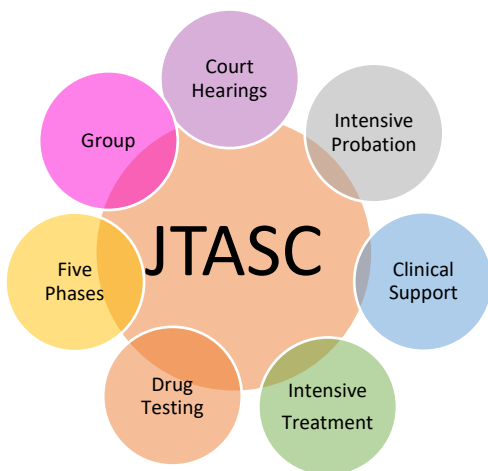
WHAT is JTASC?

JTASC is a mental health specialty court to improve the response of youth, with a severe emotional disturbance, who because of their emotional health challenges encounter the juvenile justice system. For more information go to <https://www.accesskent.com/Courts/17thcc/jtasc.htm>.

HOW DO I GET INTO JTASC?

Anyone can refer a youth for JTASC (i.e. law enforcement, detention staff, probation, attorneys, judge, clinician, parent or family member). Our referral form can be found on the <https://www.accesskent.com/Courts/17thcc/jtasc.htm> Please fill out Section I and send to lisa.holmes@kentcountymi.gov

THE JTASC APPROACH



Regular Court Reviews. The Provisional and Phases 1 and 2 are weekly. Phase 3 and 4 is bi-weekly and phase 5 is monthly.

Treatment is ordered for the entire time candidate is in JTASC.

Regular Drug Testing. depending on phase, history of abuse, and drug test results.

Intensive program monitoring and service coordination by JTASC Team (Clinical Liaison and Probation Officer). You might also be monitored with a GPS or ankle bracelet.

ELIGIBILITY CRITERIA You must be a resident of Kent County and meet both the legal and clinical eligibility criteria. Those that meet both the legal and mental health criteria, and have been diagnosed with a substance use disorder, are welcome to submit a referral.

- **Legal eligibility** is determined on a case by case basis by the Kent County Prosecutor's Office. Your current charges and prior criminal history will be considered. If you have a past or current Criminal Sexual Conduct (CSC) charge or a violent crime that resulted in death or serious bodily harm, you are **NOT** by Michigan law eligible to participate.
- **Mental Health eligibility** is determined by a review of clinical records and a mental health screen conducted by the JTASC Clinical Liaison. You are encouraged to provide historical or current clinical reports. Those with a mental health diagnosis that moderately or seriously impairs daily functioning are eligible for participation.
- **A Substance Use Disorder** occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet responsibilities at work, school, or home.