



## **KENT COUNTY OFFICE OF THE PUBLIC DEFENDER**

### **Capital Case Request for Mitigation Specialist and / or Social Worker**

#### **Directions for Requesting Attorneys:**

- **IMPORTANT:** Filling out this form does not satisfy the contractual requirement of a consultation with a mitigation specialist on capital cases; you must have an initial consultation meeting.
- Once completed, this form must be submitted to Chelsea Hawkins, lead mitigation specialist, at [chawkins@kcod.org](mailto:chawkins@kcod.org).
- Please fill out this form in its ENTIRETY.
- Please endeavor to complete this form within two (2) days of the initial 72-hour client conference.
- Once the referral has been submitted and accepted, a mitigation specialist or social worker will reach out to you to schedule an initial consultation call.
- An in-person meeting with your client and the mitigation specialist may be needed.
- If ongoing collaboration with a mitigation specialist is desired beyond the initial consultation, a standard referral form will be required.
- Documents submitted as part of this request will be treated by the County's Indigent Defense Program as confidential client documents. Per MCL 780.987(10), such information is exempt from disclosure under Michigan's Freedom of Information Act.
- If you have concerns or questions about this requirement or request, please direct them to [indigent-defense@kentcountymi.gov](mailto:indigent-defense@kentcountymi.gov).

<b>CAPITAL Mitigation Specialist / Social Worker Request Information</b>	
Request Date:	
Case Number:	Judge/Court:
Client Name:	Client DOB:
Client's status: (check one)                      INCARCERATED                      IN THE COMMUNITY	
Charge(s):	
Co-Defendant:	
Date/Time of Next Court Hearing:	
<i>*If private bar, please attach police report, LEIN, and any other relevant documents.</i>	
Attorney Name:	
Attorney Phone:	Attorney Email:
Questions for Attorney:	
Are there any unique concerns you have for this client/case?	
What specific concerns do you have for a mitigation specialist?	
What is your preferred timeframe for this consultation?	
Client Background Information:	
Mental Health History (past or current diagnoses or medication? Involvement in treatment?):	
Substance Abuse History (past or current use? Involvement in treatment?):	
Education History (Learning disability? Ability to read/write? Special Education? Competency concerns?):	
Housing / Income History (recent living situation? Chronic homelessness? Disability or government benefits?):	
Medical History (past or current significant diagnoses or medications?):	
Trauma History (Physical, verbal, emotional, psychological, sexual; in childhood or adulthood?):	