

FIRST DISTRICT MENTAL HEALTH COURT

MENTAL HEALTH COURT APPLICATION QUESTIONNAIRE

This form should be completed by the Mental Health Court applicant. In order for the Mental Health Court Judge and Committee to determine whether or not you are eligible for Mental Health Court, we need some information about your history. Please check "Yes" or "No" after each question. If the question asks for an answer, do your best to answer it. If you need more room, please use the back of this form. If you have any questions, please call the Mental Health Court Clerk at 435-750-1300.

1. Do you live in Cache County? YES NO
2. If you live or plan to live in Cache County, please tell us exactly where, when, and with whom you will live: Address: _____
Date of residence: _____
Cohabitants: _____
3. To your knowledge do you have a mental illness? YES NO
4. What is your mental illness (diagnosis)? _____
5. Who diagnosed your mental illness? _____
6. Are you currently being treated for this illness? YES NO
7. Where do you receive treatment? _____
8. What medications are you receiving for mental health treatment? _____

9. Do you have any substance abuse or addiction issues? YES NO
10. Have you suffered from a traumatic brain injury? YES NO
11. Do you have a developmental disorder (i.e., Autistic or Asperger's Disorder, etc.)? YES NO
12. Are you required to register as a sex offender? YES NO
13. Have you ever been prosecuted for any violent crime? YES NO
14. Have you ever been on probation? YES NO
15. If yes, when, where, and who was your P.O. ? _____

16. Why do you want to participate in mental health court? _____

Defendant's Signature

Date