

**SPRINGFIELD SPECIALTY COURT: MENTAL HEALTH SESSION
ACCEPTANCE/REJECTION FORM**

**The Adult Court Clinic
Hampden Hall of Justice
50 State St. Springfield, MA 01103
413 748-7701(phone)
413 737-7157 (fax)**

Date: _____ Docket #(s): _____

Defendant Name: _____ DOB: _____ Social Security No.: _____

Attorney: _____ Prosecuting Attorney: _____

COURT CLINIC RECOMMENDATION OF ELIGIBILITY:

Eligible

Comments: _____

Conditionally Eligible

Comments: _____

Not Eligible

Comments: _____

COURT ACTION:

Individual is ordered to participate as a special condition of probation and transferred to Mental Health Session
 Individual was rejected for the following reason(s)

(Check all that apply)

1. Ineligible because of mental disorder (e.g., only substance problem, or does not have a serious mental illness)
2. Ineligible because defendant is not psychiatrically stable
3. Defendant Declined
4. Ineligible because of current criminal charges (e.g., violent offenses)
5. District Attorney's office opposed
6. Public Defender's office or Private Attorney declined
7. Judge declined
8. Probation declined
9. Mental health providers declined
10. Other; *specify*: _____

If ordered to participate, Attorney needs to call Specialty Court Case Manager, Jeanette Walker, immediately following Court at 301-9495 or cell # 386-3538 to schedule an appointment for their client before first Mental Health Session date.

Defendant is scheduled to appear at the following Mental Health Session on _____.

***A copy of this form should be distributed to Court Clinic, Probation, and the Defendant's Criminal Docket.**