

## 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: \_\_\_\_\_

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**MENTAL HEALTH/MEDICAL INFORMATION**

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:**

**ROBERT FOX, [RFOX@CO.NEWTON.GA.US](mailto:RFOX@CO.NEWTON.GA.US), 678-209-3618**