

779 Chelsea Street  
Suite BL2  
Brockville, ON  
K6V 6J8  
Tel: (613) 342-4238  
Fax: (613) 342-4211



39 Chambers Street  
Suite 301B  
Smiths Falls, ON  
K7A 2Y3  
Tel: (613) 284-8304  
Fax: (613) 284-8300

### Youth Mental Health Court Worker Program Referral Form

County:  Lanark  Leeds-Grenville

#### Client Information

Date of Referral: \_\_\_\_\_ YMHCW File #: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Int: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Other \_\_\_  
Year Month Day

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Family Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Lawyer: \_\_\_\_\_ Contact Information: \_\_\_\_\_

#### Referral Source

Referral Agent: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Reason for Referral

Mental Health Diversion  Court Support  Consultation -- for the following charge(s):

- 1.
- 2.
- 3.

Youth Acknowledgement of referral:  Next Court Appearance: \_\_\_\_\_

#### Crown Attorney

\*\* Mental Health Diversions must be approved by the Crown Attorney\*\*

Crown Signature: \_\_\_\_\_ Please attach Crown Brief:

#### Additional Comments