

**Bannock County Mental Health Court
Intake and Application**

Date: _____ **Referred by:** _____ **Date Received:** _____

Case Number(s): _____ **Name of Presiding Judge:** _____

Name: _____ **Date of Birth:** _____ **SSN:** _____

Address: _____
Street Apartment No. City State Zip

Telephone Number: _____ **Your Attorney's Name:** _____

Emergency Contact: _____ **How many children?** _____ **Dependants?** _____

Race/ethnicity: White Black Hispanic Asian **Gender:** Male
 Native American Pacific Islander Other Female

How many in your household besides you? _____

Marital Status: Married Divorced Living Together
 Separated Never Married Widowed

Gross (before taxes) annual household income: Less than \$15,000 \$15,001 -- \$20,000
 \$20,001 -- \$30,000 \$30,001 -- \$40,000
 \$40,001 -- \$50,000 Over \$50,000

Highest level of schooling:
 Some high school - Last Grade Completed _____ High school graduate GED
 Associate degree Some college
 Bachelor degree Post graduate education

Benefits: Medicaid NAMI
 SSD/SSI AA/NA
 Private Insurance Self-help Program
 Other Source of income _____ Other _____

Current and/or Previous Diagnosis _____

Treatment Providers (attach separate page if additional space needed):

Name of Provider (medical, substance abuse, mental health)	Telephone #	Diagnosis

Medications (attach separate page if additional space needed):

Name of Medication	Dosage	Prescribing Physician

How many times have you been hospitalized in the last 12 months (including visits to the emergency room)? _____

How many times have you been incarcerated in the last 12 months? _____

Are you employed? YES/NO

Name and Phone # of Employer: _____

Wage: _____

Criminal History (attach separate page if additional space needed):

Charge	Date Charged	Disposition	County and State where Charged

Date of next court appearance: _____

I understand that the information I have provided will be used for the purpose of considering my application to the Bannock County Mental Health Court. I certify that the information I have provided is true and correct to the best of my knowledge.

Printed Name

Signature

Date

This Section for Official Use

Accepted:

Declined:

Date of Action: _____

Notes: