

**SAN MATEO COUNTY MENTAL HEALTH DIVERSION
SCREENING FORM**

CLIENT'S NAME: _____
Case Number(s): _____
Attorney Name: _____
Attorney Phone: _____ Attorney Email: _____
Requested MHD Court Date (minimum 15 days from filing, on a Monday at 9am): _____

Required information:

- ☐ Client's mental health diagnosis(es): _____
- ☐ Client diagnosed by: _____
- ☐ Records regarding mental health diagnosis attached.

Provide ALL requested information for A or B:

A.

- ☐ **CLIENT IS OUT OF CUSTODY**
- ☐ Client is currently engaged in the following mental health treatment (must include names of providers, length of time client has been engaged in treatment, and frequency): _____

- ☐ Mental health medication currently prescribed (name, dose and frequency): _____

- ☐ Records of current course of mental health treatment and prescribed medication attached.
- ☐ Treatment provider agreements: ☐ Signed and attached ☐ Pending

B.

- ☐ **CLIENT IS IN CUSTODY**
- ☐ Client is currently housed in SMC jail at:
☐ BHU (Behavioral Health Unit) ☐ ASU (Acute Stabilization Unit) ☐ General Population
- ☐ Jail treatment records are attached.
- ☐ Outline for treatment upon client's release is attached.
- ☐ ASAM is: ☐ Complete and attached ☐ Pending ☐ Not pending

If applicable:

- ☐ Client is *currently* not competent to stand trial in a felony case.
- ☐ BHRS has been contacted to request Intensive Mental Health Diversion (IMHD).

The following are required for filing, and to set a date for this case in MHD Court:

- ☐ The records supporting all of the above information are attached.
- ☐ Client has waived time.
- ☐ The District Attorney has been served via email at DA_efiles@smcgov.org.