

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

CLIENT'S NAME: _____
Case Number(s): _____
Attorney Name: _____
Attorney Phone: _____ Attorney Email: _____

Required information:

- Client's mental health diagnosis(es):

- 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 (names of providers, length of time, frequency): _____

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

- Records reflecting current 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 has been found to be not competent on a felony.
- BHRIS has been contacted to request IMHD.

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

- Records supporting the above information attached.
- Client has waived time.