

FORENSIC DIVERSION
Boone County Community Corrections
Request For Screening and Referral Form

Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Court Date: _____

Currently Incarcerated ____ Yes ____ No Cause No: _____

_____, would like to be considered for the Forensic Diversion Program. He/She has been explained there is a non-refundable \$25.00 fee for the screening process that must be paid prior to or at the time of scheduling the appointment. The Defendant also understands that a home visit may be required as part of the screening at the field officers convenience. He/She will receive an appointment time and date along with necessary paperwork at the address provided above. **A recent mental health assessment by a Psychiatric M.D. must be completed & received prior to the appointment.**

Attorney

Attorney Contact Information

Attorney's Name Printed

Please include a copy of the charging information, police report and plea agreement (if one is available) and the recent mental health evaluation. **All Materials are to be turned in with the request. If not complete, the screen will not be scheduled.**