

## PROBLEM SOLVING COURT ELIGIBILITY SCREENING REQUEST

| <u>County</u> (check one)   | <u>Program</u> (check one)  | <u>Request Type</u> (check one)  | <u>Request Date</u>                                      |
|---|---|--|--|
| <input type="checkbox"/> Clay<br><input type="checkbox"/> Duval<br><input type="checkbox"/> Nassau  | <input type="checkbox"/> Adult Drug Court<br><input type="checkbox"/> Mental Health Court<br><i>(for Veterans Court, contact the SAO)</i>                 | <input type="checkbox"/> Diversion<br><input type="checkbox"/> Probation |  |
| Defendants Name:  |   | Date of Birth:   |  |
| Case Number(s):   |   |  |  |
| Next Court Date:  | Type of Hearing:  |  |  |
| Offense(s):   |   |  |  |
| Degree of Offense(s):   |   |  |  |
| Information Filed:  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| Division:   | Judge:  |  |  |
| Incarcerated:   | <input type="checkbox"/> Yes (check location) <input type="checkbox"/> No (provide address/contact information below)                                     |  |  |
| Location:   | <input type="checkbox"/> Duval PTFD <input type="checkbox"/> MCI <input type="checkbox"/> Clay Jail <input type="checkbox"/> Nassau Jail                  |  |  |
| Address:  |   |  |  |
| Phone:  | Email:  |  |  |
| Restitution:  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending   |  | Amount:  |
| Has the Defendant been consulted regarding the PSC?   |   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No                              |
| Is the Victim agreeable to the PSC?   |   | <input type="checkbox"/> Unknown   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the State Attorney diverted this case?  |   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No                              |
| <b><i>Additional information required for Defense requests only:</i></b>  |   |  |  |
| Has the State Attorney been consulted regarding this case?  |   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No                              |
| State Attorney name:  |   |  |  |
| Did the State Attorney agree to divert this case if eligible for the PSC?   |   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No                              |
| Did the State Attorney agree to the PSC as a condition of sentence?   |   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No                              |
| Did the State Attorney agree to a charge reduction for ineligible offenses?   |   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No                              |
| <b><i>If the State Attorney is not agreeable to the PSC, provide justification for the screening request below.</i></b>   |   |  |  |
| <b>Comments / Additional Information:</b>   |   |  |  |
| <b>Required Attachments:</b> <b>ADC:</b> Arrest Report <b>MHC:</b> Arrest Report, Diagnostic Mental Health Evaluation   |   |  |  |
| Requesting Party:   |   |  |  |
| Affiliated with:  | <input type="checkbox"/> State Attorney <input type="checkbox"/> Public Defender <input type="checkbox"/> Private Attorney <input type="checkbox"/> Other |  |  |
| Phone Number:   | Email:  |  |  |
| <b>Incomplete forms/forms submitted without required attachments will be returned to the requesting party.</b>  |   |  |  |
| <b>INSTRUCTIONS FOR SUBMISSION:</b>   |   |  |  |
| Forward this completed form to <a href="mailto:drugct@coj.net">drugct@coj.net</a> . <i>(Include the defendant's first initial and last name in the subject)</i>                             |   |  |  |
| The screening process determines if the PSC will accept the Defendant if actual diversion or division referral is made.<br>Please allow 10 business days to complete the screening request. |   |  |  |
| <i>This form is not utilized for Veterans Treatment Court screening requests. Contact: <a href="mailto:SAO4VTC@coj.net">SAO4VTC@coj.net</a> for additional information.</i>                 |   |  |  |