

Superior Court of California, County of Solano
Mental Health Diversion/Court Intake Form

Case #s	
Attorney of Record	

Name		Date of Birth	
Aliases			

Address			
Primary Phone		Alternate Phone	
Email Address			

Current Living Situation	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Live with family or friends
	<input type="checkbox"/> Homeless/Risk of homelessness	<input type="checkbox"/> Not Listed:	

Can you receive services in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, what language are you most comfortable speaking?
--------------------------------------	------------------------------	-----------------------------	---

Emergency Contacts

Name		Phone		Relationship	
Name		Phone		Relationship	

Medical Information

Do you have medical insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Member No:
Who is your insurance provider?	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Kaiser	<input type="checkbox"/> Private Insurance
	<input type="checkbox"/> VA Provider:		
Medical Provider Location			
Disabilities	<input type="checkbox"/> None	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Blind/Visual
	<input type="checkbox"/> Speech	<input type="checkbox"/> Physical/Mobility	<input type="checkbox"/> Deaf/hearing
	<input type="checkbox"/> Not Listed:		
Developmental	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Regional Center client? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a Mental Health Provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
Provider Name		City	
Provider Contact Information			

Mental Health Diagnoses			
Mental Health Medications	Have you been prescribed mental health medications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are you currently taking your prescribed medications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever experienced serious thoughts of suicide or attempted suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been hospitalized for a psychiatric or emotional reason? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Submit completed form to Lori Thompson, Mental Health Court Coordinator at MHCourts@solano.courts.ca.gov or fax to (707) 426 – 4453.

Superior Court of California, County of Solano
Mental Health Diversion/Court Intake Form

Do you use?	<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Tobacco If yes,...
	What are you using?
	How much do you use?
	How often do you use?

Services. Do you need help in any of these areas? Check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Food | <input type="checkbox"/> Parenting Classes | <input type="checkbox"/> Alcohol/Drugs |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Counseling | <input type="checkbox"/> Employment/Job Training |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Medical/Dental Care | <input type="checkbox"/> Vocational/Education |
| <input type="checkbox"/> Utility Assistance | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Literacy |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Reproductive Health | <input type="checkbox"/> Budgeting |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Support Groups | <input type="checkbox"/> Not Listed: _____ |

Demographics: Please select "Prefer Not to Answer" if you choose not to answer.

Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Filipino <input type="checkbox"/> Mixed Race <input type="checkbox"/> Prefer Not to Answer
Ethnicity	<input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Not Hispanic/Latinx <input type="checkbox"/> Prefer Not to Answer

Gender Category	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Agender <input type="checkbox"/> Not Listed _____ <input type="checkbox"/> Prefer Not to Answer
Personal Pronouns	<input type="checkbox"/> He / Him <input type="checkbox"/> She / Her <input type="checkbox"/> They / Them <input type="checkbox"/> Not Listed _____ <input type="checkbox"/> Prefer Not to Answer
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legally Separated <input type="checkbox"/> No Answer
Military Status	<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Veteran <input type="checkbox"/> Combat Service <input type="checkbox"/> Never in military <input type="checkbox"/> Prefer Not to Answer

Are you employed?	<input type="checkbox"/> Yes, full-time <input type="checkbox"/> Yes, part-time <input type="checkbox"/> No, I am not <input type="checkbox"/> I am a student
Are you seeking employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is there anything else we should know to make sure you are getting your needs met while you are in the Mental Health Diversion or Court program?

DATE COMPLETED: _____

Submit completed form to Lori Thompson, Mental Health Court Coordinator at MHCourts@solano.courts.ca.gov or fax to (707) 426 – 4453.