

TREATMENT AND SUPPORT COURT (TASC) REFERRAL FORM	DATE REFERRAL SUBMITTED:
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See page 3 for information about the Treatment and Support Court and eligibility criteria.

CANDIDATES NAME: _____	CASE NUMBER: _____
DEFENSE COUNSEL: _____	DEFENSE E-MAIL: _____
JUDGE: _____	NEXT COURT DATE: _____

DEMOGRAPHIC INFORMATION

GENDER: Male Female **PREFERRED PRONOUN** _____

RACE: Black White Other: _____ **HISPANIC ETHNICITY?** Y No

(Gender and Race information is used for statistical reporting only and will not affect eligibility)

Is candidate a US Citizen? No Yes Social Security Number (last four digits) _____

Is candidate a resident of Kent County? No Yes

Address:	DOB:	Cell Phone:
City:	Zip:	E-mail Address:

LEGAL INFORMATION- Please attach police reports for current charge(s)

List open cases and provide case number(s), charge(s), type, and Presiding Judge.			
Open Case(s) #	Charges	F or M	Judge
List any pending bench warrants and the Judge issuing the warrant:			
Prior Convictions? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, # of prior felonies _____ # of prior misdemeanors _____			
Prior participation in another specialty court? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, type:			
When did candidate participate?		Where did candidate participate?	
Candidate is: <input type="checkbox"/> Incarcerated <input type="checkbox"/> Bond <input type="checkbox"/> On probation <input type="checkbox"/> parole			
Is candidate being supervised by court services? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, name of Case Manager:			

PHYSICAL HEALTH

Does candidate have any current medical conditions or physical limitations that would impact their ability to participate in TASC? No Yes

If yes, please describe: _____

MENTAL HEALTH

Has candidate ever been diagnosed with a mental health disorder? No Yes

If yes, describe: _____

Has candidate ever attended treatment for a mental health disorder? No Yes

If yes, please describe when and where. _____

Is the candidate currently taking ANY medication for a mental health condition? No Yes

SUBSTANCE ABUSE

Has the candidate ever abused, or been diagnosed, with a substance use disorder? No Yes

If yes, list substances: _____

Has candidate ever attended treatment for a substance use disorder? No Yes

If yes, describe when and where: _____

THIS SECTION TO BE COMPLETED BY PROSECUTOR:

Meets legal criteria Does not meet legal criteria

If no, reason (circle all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Police Object | <input type="checkbox"/> Prosecutor's Discretion | <input type="checkbox"/> History of Drug Dealing |
| <input type="checkbox"/> Prior Record | <input type="checkbox"/> History of Violent Offenses | |
| <input type="checkbox"/> Statutory ineligibility | <input type="checkbox"/> Victim Input | |

Sentencing Guidelines: _____ Initials of reviewing prosecutor: _____

TREATMENT AND SUPPORT COURT (TASC)

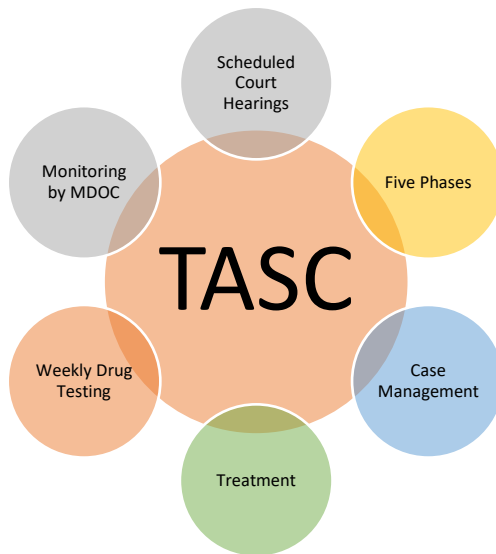
WHAT is TASC?

TASC is a specialty court to improve the functioning of individuals with a mental illness, who because of their illness, and possible co-occurring substance abuse, come into contact with the criminal justice system. For more information go to <https://www.accesskent.com/Courts/17thcc/tasc.htm>.

HOW DO I GET INTO TASC?

Consult with your attorney so they can assist you in determining if TASC is right for you, and if so, they can refer you for consideration. You can also fill the referral out yourself and send it to teri.clark@kentcountymi.gov. If you are in the Kent County jail, the AOT, mental health team can assist you and send me your completed referral form on your behalf.

THE TASC APPROACH



Regular Court Reviews. The first 4 weeks are weekly, then 2 times a month on phase 1 and 2, then monthly on phases 3, 4 and 5.

Treatment is ordered for the entire time candidate is in TASC.

Regular Drug Testing. 3 times a week to start then decreasing to 2 or 1 time a week depending on phase, history of abuse, and drug test results.

Intensive program monitoring and service coordination by TASC Team (Clinical Liaison and Probation Officer). You might also be monitored with a GPS phone app or ankle bracelet.

ELIGIBILITY CRITERIA You must be a resident of Kent County and meet both the legal and clinical eligibility criteria. Those that meet both the legal and mental health criteria, and have been diagnosed with a substance use disorder, are welcome to submit a referral.

- **Legal eligibility** is determined on a case by case basis by the Kent County Prosecutor's Office. Your current charges and prior criminal history will be considered. If you have a past or current Criminal Sexual Conduct (CSC) charge or a violent crime that resulted in death or serious bodily harm, you are **NOT** by Michigan law eligible to participate.
- **Mental Health eligibility** is determined by a review of clinical records and a mental health screen conducted by the TASC Clinical Liaison. You are encouraged to provide historical or current clinical reports. Those with a mental health diagnosis that moderately or seriously impairs daily functioning are eligible for participation.

A Substance Use Disorder occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet responsibilities at work, school, or home.

Attach police report(s) and send to teri.clark@kentcountymi.gov

Clark. 1/2024