



DISTRICT COURT OF MARYLAND

Fifth District
14735 Main Street
Upper Marlboro, 20772

REFERRAL FOR COURT ORDERED SERVICES

Case #: _____ Date Sent: _____ Date Received: _____

Referral Date: _____ Next Court Date: _____

Client's Name : Last _____ First _____ MI _____

Address: _____
[] private residence
[] residential placement
[] shelter

Phone Number: _____ Veteran Status: _____

Gender: [] Female [] Male DOB: _____ Age: _____ Race/Ethnicity _____

Education: Highest Grade Completed _____ [] GED [] High School [] College

Employment Information: _____

PTR Status: [] PR [] Bond Cash/Property/Bondsperson/PTR/P&P

Released from: [] Jail [] Hospital [] Does not apply

Attachment: [] Signed Consent to Release of Information [] Mental Health Court Agreement

To: Agency Name: _____ From: Court Mental Health Unit

Contact Person: _____ Case Manager: _____

Address: _____ Phone Number: _____

_____ Fax Number: 301-952-5561

Phone Number: _____

Fax Number: _____

Table with 2 columns: Services Being Requested and Required Frequency of Attendance. Rows include Counseling/Therapy, AA Meetings, NA Meetings, Urinalysis (Random), Medication Management, Disposition, and Other. Includes checkboxes for Weekly, Bi-Weekly, and Monthly frequencies.