

ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES  
OFFICE OF BEHAVIORAL HEALTH JUSTICE RELATED SERVICES  
101 BELLEVUE ROAD, SUITE 300  
PITTSBURGH, PA 15229

PHONE (412) 301-8220

DHS-JRS@AlleghenyCounty.US

FAX: (412) 415-0652

**JUSTICE RELATED SERVICES REFERRAL FORM**

*(Diversion, Support, Mental Health Court)*

Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Address: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Referral Source Phone: \_\_\_\_\_

Referral Source Email: \_\_\_\_\_

Client's Phone: \_\_\_\_\_ SCU: \_\_\_\_\_ Client ID: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Case Manager/Treatment Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications: \_\_\_\_\_

D & A issues:  Yes  No Drug(s) of Choice: \_\_\_\_\_

In Jail:  Yes  No (if yes) Date of Incarceration: \_\_\_\_\_ ACJ DOC#: \_\_\_\_\_

**Court Status:** *(please check box)*

**OTN#(s):** \_\_\_\_\_

Preliminary Hearing  Formal Arraignment  Pre-Trial Conference  Trial  Probation Violation

Date of Next Court Action: \_\_\_\_\_

Charges: \_\_\_\_\_

Judge/Magisterial District Judge: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

On Probation/Parole:  Yes  No Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Client Needs:**  Mental Health Treatment  Drug and Alcohol Treatment  Housing Placement

Additional Comments: \_\_\_\_\_ VETERAN:  Yes  No

*(Please check services you are referring individual to below)*

Diversion  Support  Mental Health Court

**\*In order to fully process this referral for services, we will need a psychiatric evaluation (Axis I-V), signed by a licensed psychiatrist or psychologist.**

\*Referrals can be electronically submitted to [DHS-JRS@AlleghenyCounty.US](mailto:DHS-JRS@AlleghenyCounty.US) or by Fax 412-415-0652