

# KANKAKEE COUNTY MENTAL HEALTH COURT REFERRAL

Defendant Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Veteran: Yes/No

Place of Birth: City/State/County: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License/ State ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Resides with: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Offense(s): \_\_\_\_\_

Other Pending Cases: Yes/No If yes, list Case #, Charge, State and County:

\_\_\_\_\_

In Custody: Yes/No

Employed: Yes/No

Full Time/Part Time

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Submit Referrals to: **Kankakee County Probation**, Attention: Mental Health Court Coordinator  
470 E. Merchant St., Kankakee, IL 60901, Phone: 815-937-2955, E-mail: [atrompler@k3county.net](mailto:atrompler@k3county.net)

## Kankakee County Mental Health Court



**YOUR MIND MATTERS**



**A healthy mind is the greatest treasure you can find!**