

SEATTLE MUNICIPAL COURT

TRANSFER REQUEST TO MENTAL HEALTH COURT (MHC)

FAX TO: JUDY ASHLEY, MHC COURT LIAISON
Email: Judy.Ashley@Seattle.gov

Fax: 206-386-1272
Phone: 206-733-9152

Note: Typically the attorney requesting the case be transferred to MHC completes this Transfer Request. When completed, this Transfer Request along with a signed Release of Information is faxed to the Court Liaison who reviews it & makes a recommendation to the MHC Judge. To facilitate this process please contact the Court Liaison by phone or email with any questions you have about your referral. The Court Liaison will inform you whether your case has been accepted into MHC for a look-see hearing.

DATE: _____

Defense Attorney: _____ **Phone #:** _____

Defense Attorney Email: _____

Defendant Name: _____ **DOB:** _____

Case # (s): _____ **Charges:** _____

Next scheduled hearing date, time, & location: _____ **Hrg Type:** _____

Other open SMC Cases: _____

Cases in Other Jurisdictions: _____

Custody Status: IN OUT **Defendant's Phone** _____

Defendant's Address _____

Please provide the following information: (attach additional sheets as needed)

- **Prosecutor's Sentence Recommendation (!)** _____
- **Mental health diagnosis** _____
(Indicate if client self report or confirmed with provider)
- **MH treatment history** _____

- **Contact names and phone numbers for other information (case manager, doctors, etc.)** _____

- **Brief explanation as to reason for referral** _____

- **SIGNED MHC Release of Information**