FAYETTE COUNTY PROBLEM-SOLVING COURTS ROUTING SLIP

Defendant's Name: _____ **Phone No.** _____

Case No(s): _____**Charge**_____

Insurance: _____ **yes** _____ **no** **Provider:** _____ **Incarcerated:** ___**yes** ___**no**

Attorney (Print): _____ **Date:** _____

Email Address: _____ **Phone No.** _____

***** **Referral must be accompanied by a psychiatric evaluation** ****

District Attorney (Signature): _____**Date:**_____

Accepts PSC Referral: **Y** **N**

PSC Charge(s): _____

PSC Plea Offer: _____

_____

Plea offer reviewed by Attorney (Signature) _____ **Date:** _____

Treatment Team Review (Signature): _____ **Date:** _____

Accepted: _____ **Rejected:** _____

Date Distributed to the Crime Victims Center: _____ **PSC Initials:** _____