

Rapid Fitness to Proceed Referral Form

Complete to the fullest extent possible. Write "unknown" or "n/a" as appropriate.

Please file motion to determine fitness to proceed upon submitting referral.

Defendant's Name:	DOB:
Interpreter Needed? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	Language Requested:
Charges:	
Date of Arrest:	In custody? Yes <input type="checkbox"/> No <input type="checkbox"/>
Court Case Number(s):	
Defense Attorney:	
Defense Attorney email and phone #:	
Defendant's Prior Convictions:	
Basis for concern regarding fitness to proceed:	
History of fitness to proceed filings? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Motion to determine fitness filed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Upcoming court appearance and date:	
MH Diagnosis:	
Medication Status:	
Mental Health Agency:	
Mental Health Case Worker:	
Parole/Probation Officer:	
Housing History:	
Drug History:	
Alcohol History:	
Drug or Alcohol Use Involved in Case at Issue? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Holds in Other Jurisdictions:	