

**SEATTLE MUNICIPAL COURT
TRANSFER REQUEST TO MENTAL HEALTH COURT (MHC)**

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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 emailed to the Court Clinician who reviews it & makes a recommendation to the MHC Judge. To facilitate this process please contact the Court Clinician by phone or email with any questions you have about your referral. The Court Clinician 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 _____