| FILING PARTY: SAN JOAQUIN COUNTY BEHAVORIAL HEALTH ADDRESS: 1212 N. CALIFORNIA STREET CITY, STATE, ZIP CODE: STOCKTON, CA 95202 TELEPHONE NO: 209-468-9370 | | | | | |
|---|-------------------|------------------|---------------------------|--------|------------------------------------|
| SAN JOAQUIN SUPERIOR COURT, STOCKTON BRANCH STREET ADDRESS: 180 E. Weber Ave, Dept. 7C CITY AND ZIP: Stockton, CA 95204 | | | | | |
| THE PEOPLE OF THE STATE OF CALIFORNIA Vs | | | | | |
| | | | Defen | dant | COURT CASE NO.: |
| MISDEMEANOR INCOMPETENT TO STAND TRIAL DIVERSION CONFIDENTIAL INFORMATION SHEET | | | | | |
| Was the De | fendant in the at | ove-entitled m | natter evaluated by crisi | s staf | of for a level of care? |
| | Yes | | No | | |
| Did the Def | endant in the ab | ove-entitled ma | atter connect with the o | ffice | r of the day? |
| | Yes | | No | | |
| When is the | Defendant sche | duled for a foll | low-up appointment? _ | | |
| Who is the | follow-up appoi | ntment with an | d what service(s) is the | follo | ow-up appointment for? |
| Did the Def | endant in the ab | ove-entitled ma | atter accept or decline t | he se | rvices offered? |
| | Accept | | Decline | | |
| Has the Def | endant in the ab | ove-entitled ma | atter previously been p | rovid | ed with services? |
| | Yes | | No | | |
| What servic | es have been of | fered or will be | provided to the Defendant | dant? | |
| | | | | | |
| | | _ | - | emino | der of the next court date? |
| | Yes | | No | | |
| Date: | | | | | |
| | | | Name | of B | RHS representative completing form |