

Applicant's Name: \_\_\_\_\_ Date Received: \_\_\_\_\_



Hon. Robert Gaecke Jr.

**ELIGIBILITY SCREENING FORM**

**All areas which are marked with an (\*)  
MUST be filled out to the best of your  
knowledge.**

Revised 8/21/2025

STATE OF MICHIGAN COUNTY OF JACKSON 12 <sup>th</sup> DISTRICT COURT	JACKSON COUNTY MENTAL HEALTH COURT ELIGIBILITY SCREENING	Court Case No.
		Judge

PEOPLE OF THE STATE OF MICHIGAN

v

Defendant Name *
Defense Counsel *

**Confidentiality Information**

**The information contained in this application will be used for consideration by the Mental Health Court and will be kept confidential and only used for that purpose. By completing this form and submitting it for review, you are giving permission for the Jackson County Mental Health Court Team to discuss your information.**

Address: *	DOB: *	Age: *	Social Security Number: * XXX-XX-
	Primary Phone *	Alternate Phone	

\* Candidate is:     Incarcerated             On bond

\* Charge leading to Mental Health Court Referral: \_\_\_\_\_ \*Offense Date \_\_\_\_\_

\* Has Participant been on probation before?     Yes     No            Successfully completed?     Yes     No

If yes, where? \_\_\_\_\_

\* New criminal offense?  Yes     No

\* Referred by?     Self     Attorney     Probation     Court/Judicial     Other

\*Currently on probation in another state or county?  Yes     No    If yes, please describe what and where: \_\_\_\_\_

(Required information, not used for disqualification)

**\* RACIAL/ETHNIC BACKGROUND:**

Select all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Hispanic         |
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> Native-American  |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Multiracial      | <input type="checkbox"/> Other            |

**\* IDENTIFY GENDER AS:**

Select all that apply:

- |  |
|--|
| <input type="checkbox"/> Male                      |
| <input type="checkbox"/> Female                    |
| <input type="checkbox"/> Non-Binary/Non-Conforming |
| <input type="checkbox"/> Transgender               |

**\* MARITAL STATUS:**

- |                                  |                                    |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> Single  | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed   |
|                                  | <input type="checkbox"/> Divorced  |

**\* EDUCATIONAL STATUS**

- |  |   |
|--|---|
| <input type="checkbox"/> No high school diploma or GED | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> High school diploma           | <input type="checkbox"/> Bachelor Degree  |
| <input type="checkbox"/> GED                           | <input type="checkbox"/> Advanced Degree  |
| <input type="checkbox"/> Some college                  |   |

**\* EMPLOYMENT STATUS**

- |  |   |
|--|---|
| <input type="checkbox"/> Unemployed    | <input type="checkbox"/> Not in labor Force |
| <input type="checkbox"/> Employed Full | <input type="checkbox"/> Employed Part Time |

**\* RESIDENCE**

Number of times moved in the last three (3) years \_\_\_\_\_

Length of time at current address \_\_\_\_\_

Living Situation     Independent     Dependent     Homeless

**\*Are you now or were you currently a member of the Armed Forces?**  Yes  No

If yes, Branch: \_\_\_\_\_ Dates: \_\_\_\_\_

\*Military Discharge Reason: \_\_\_\_\_

**OFFENSE HISTORY:** (an online criminal history check will be completed by the court, this is to the best of your recollection)

\* **Felony Convictions:**  Yes \*If yes, describe below  No

Charge type	Location of Arrest	Year

\* **Misdemeanor Convictions:**  Yes \*If yes, describe below  No

Charge Type	Location of Arrest	Year

\* Have you been **convicted of criminal sexual conduct in any degree?**  Yes  No

\* Are you now charged with or past convicted of **a crime in which someone died or suffered serious bodily injury?**

Yes  No

If yes, describe: \_\_\_\_\_

\*Active cases in other jurisdictions?  Yes  No

If yes, describe: \_\_\_\_\_

\*Are you currently on probation in another state or county?  Yes  No

If yes, describe: \_\_\_\_\_

**MEDICAL**

\* Do you currently have medical insurance:  Yes  No

If yes, describe: \_\_\_\_\_

\* Do you have any current medical conditions:  Yes  No

If yes, describe: \_\_\_\_\_

\* Are you currently prescribed Medication for Addiction Treatment (Methadone, Suboxone, Vivitrol)  Yes  No

If yes, describe: \_\_\_\_\_

\* Are you on medications for a medical condition(s)?  Yes  No

If yes, describe: \_\_\_\_\_

\*Do you have any type of physical limitations?  Yes  No If yes, what? \_\_\_\_\_

If yes, are you able to participate in our program with this limitation(s)?  Yes  No

\* Have you ever been diagnosed with or treated for a serious mental health disorder?  Yes  No

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

\* Are you taking medication for this?  Yes  No

If yes, describe: \_\_\_\_\_

<b>*Please indicate below the substance you have used and or still using.</b>					
	<b><u>YES</u></b>	<b><u>NO</u></b>	<b><u>AGE AT FIRST USE</u></b>	<b><u>DATE OF LAST USE</u></b>	<b><u>FREQUENCY/AMOUNT USED</u></b>
ALCOHOL					
COCAINE					
AMPHETAMINES					
METHAMPHETAMINES					
DESIGNER DRUGS					
HALLUCINOGENS					
HEROIN					
INHALANTS					
MARIJUANA					
OTHER OPIATE					
BARBITUATES					
BENZODIAZEPINES					
CODEINE					
TRANQUILIZERS					
STEROIDS					
NICOTINE (Tobacco)					

**MOTIVATION TO CHANGE**

Are you willing to follow through on an intensive program, which includes substance abuse treatment, drug testing, regular reports to a probation agent, mental health court sessions, education and employment?

Yes  No

**\*TRANSPORTATION**

Do you have access to transportation for Program Court sessions, treatment and drug tests?  Yes  No

Please describe: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No Driver's License Number \_\_\_\_\_

**If you have any questions about this form, please call the Mental Health Court  
Coordinator at 517-768-6893**

**You may submit the application in person, through your attorney, via mail, or email.**

Attn.: Jackson County Mental Health Court  
312 S. Jackson  
2<sup>nd</sup> Floor Probation Dept.  
Jackson, MI 49201

Email: [kpaule@mijackson.org](mailto:kpaule@mijackson.org)

\*Defendant's Signature: \_\_\_\_\_

Defense Counsel Signature: \_\_\_\_\_

Defendants Application is:

Approved

Denied

Reason: \_\_\_\_\_

\_\_\_\_\_

### **Instructions for MHC Referrals:**

Referring parties must ensure that a completed application form (please print legibly), a copy of the criminal complaint (and any relevant plea information), and a completed Multiple-Party Consent for Release of Information form are forwarded to the Mental Health Court Coordinator as soon as possible for review and consideration.

If available, also include:

1. Psychiatric and/or psychological evaluation.
2. Progress notes from a treating physician.
3. List of currently prescribed medications.
4. A letter from a treating clinician indicating the diagnosis, period of treatment, and level of compliance.

Appropriate applicants will be referred to Lifeways (Jackson County Community Mental Health Authority) for service assessment. Eligibility will ultimately be decided by the MHC Team and the MHC Judge.

Baseline eligibility requirements include but are not limited to:

1. The applicant must have some serious mental health diagnoses or developmental disability
2. The applicant must not be considered a violent offender
3. The applicant must desire to participate in this problem solving court program
4. Participation is limited to Jackson County residents only

Thank you for your inquiry.

Sincerely,

The Mental Health Court Team