



Kendall County Mental Health Court & Veteran's Treatment Court Track
REFERRAL FORM

Referral Date:

Name of Defendant:

DOB:

Gender:

Race:

U.S. Citizen or Legal Resident: Yes No

Referral Source:

Referral Source Phone/Email:

Pending Case Number(s):

Charge(s):

Status of Case (pretrial/post-sentence):

Date of Arrest: Released: In Custody:

Date of Next Court Date:

Pending Cases in Other Jurisdictions:

Previous Mental Health Diagnosis:

Currently Prescribed Mental Health Medications:

Substance Use:

Previously found unfit: Yes No

Branch of Military Service (if applicable):

Dates Served in the Military:

Type of Military Discharge:

Present Address:

Phone #:

Who do you live with?

How long have you lived in the Kendall County area?

Please return this form to Court Administration or email to:
Vanessa Melendez, Problem Solving Court Coordinator at
vmelendez@kendallcountyil.gov