



**Kendall County Mental Health Court**  
**REFERRAL FORM**

Referral Date:

Name of Defendant:

DOB:

Gender:

Race:

U.S. Citizen: Yes  No

Referral Source:

Referral Source Phone/Email:

Pending Case Number(s):

Charge(s):

Status of Case (pretrial/post-sentence):

Date of Arrest: On Bond:  In Custody:

Date of Next Court Date:

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Previous Mental Health Diagnosis:

Currently Prescribed Mental Health Medications:

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:**  
**Melissa Moore, Mental Health Court Coordinator at**  
**[memoore@co.kendall.il.us](mailto:memoore@co.kendall.il.us)**