



Summit View Treatment Services

A Division of Mesa County Criminal Justice Services

INPATIENT TREATMENT
(970) 244-3889
P.O. Box 20,000
650 South Avenue
Grand Junction, CO 81502-5018
Fax # (970) 241-0836

OUTPATIENT TREATMENT
(970) 244-3889
P.O. Box 20,000
636 South Avenue
Grand Junction, CO 81502-5052
Fax # (970) 241-0836

Treatment Referral Criminal Justice Agency Form

Referring Agency: Date of Referral:

Contact Person: Phone Number:

Agency after hours phone: Fax Number:

Email Address:

Mailing Address:

Address: City: State: Zip Code:

Offender Name:

SSN: DOB: Sex:

Level of treatment being referred:

- Intensive Residential Treatment Short Term Intensive Residential Remedial Treatment
- Intensive Outpatient Enhanced Outpatient Weekly Outpatient
- Aftercare

(All services will be provided with a long-term continuing care plan)

Has the offender attended any STIRRT previously? Yes No If yes, date

Offender in custody? Yes No

If no, offender's current address or last known address prior to conviction:

Address: City: State: Zip Code:

DNA Testing has been completed on required case and forwarded to CBI according to current statutes:

Yes No Not Applicable

Date Completed

PSIR	Current Case #	Convicted Charge	Current Supervision Status	Disposition
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please forward PSIRs on new cases with referral. The screening process will begin when all required documents have been received. If a current PSIR is unavailable, please send a previous PSIR, or a copy of the probable cause affidavit or police report.

Please answer the following questions. For each "yes" response, please ensure additional information is provided.

SOA-R assessments completed? Yes No

(All STIRRT client's must have an LSI score of 29 and need at least Level 4 treatment)

LSI Total Score: ASUS Involvement Score: ASUS Disruption Score:

Any charges of violence by statute or sexual assault? Yes No

Victim notification required? Yes No

Any prior treatment? Yes No

If yes please list:

Any current treatment? Yes No

If yes please list:

Are there open cases or pending charges? Yes No

If yes please list:

Prior community failures? Yes No

If yes please list:

Any positive urinalysis samples? Yes No

If yes please list:

Any specialized needs, (include any medical or mental health diagnosis's) ? Yes No

If yes please list:

Any medication? Yes No

If yes please list:

How has the offender been unable to meet requirements of supervision? Yes No

If yes please list

Please add any other important information about the offender here (for example last positive urinalysis, new crimes, pending revocations/suspensions, etc.):

Must Have Check List:

- Copy of following assessments: LSI, ASUS, SSI
- Completed Treatment Referral Form
- Current Mental Health Information
- Current Medical Information
- Summary of Criminal History if not in PSIR
- Summary of any "Yes" questions
- Rational of how offender has been unable to meet requirements of supervision
- Offender has current felony conviction
- PSIR

Additional Requested Information:

- Copy of Substance Abuse Evaluation
- Police Report
- TxRw if using SOA-R
- Police Report to case
- Any other info pertinent