

**DIVERSION SCREENING FORM**

Youth Therapeutic Court (YTC) and the Youth Mental Health Court Service

**Instructions**

Please complete the following information to determine suitability for servicing through the Youth Therapeutic Court and possible Mental Health Diversion Program. Once complete, submit to the Youth Therapeutic Court Clinician for consultation.

Youth's Name: \_\_\_\_\_

DOB (month/day/year): \_\_\_\_\_

Address: \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell #: \_\_\_\_\_

First Language: \_\_\_\_\_

Would you prefer service in **English** or **French**? (please circle)

Lawyer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

1. Age: \_\_\_\_\_

2a. Suspected Mental Health Issue/Developmental Disability/Acquired Brain Injury -Contributing Factor to Commission of Offence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2b. Diagnosis of the Following (Please circle all that apply):

<p><b>Anxiety Disorders</b>-(GAD, Social Anxiety Disorder, Panic Disorder, Separation Anxiety Disorder, Selective Mutism)</p> <p><b>Bipolar &amp; Related Disorders</b></p> <p><b>Depressive Disorders</b>-(major, persistent, disruptive)</p> <p><b>Disruptive, Impulse Control &amp; Conduct Disorders</b>-(ODD, Intermittent Explosive Disorder, Conduct Disorder, Antisocial Personality Disorder)</p> <p><b>Feeding &amp; Eating Disorders</b>-(Pica, Anorexia Nervosa, Bulimia Nervosa)</p> <p><b>Neurodevelopmental Disorders</b>-(ADHD, Autism Spectrum Disorder, FASD)</p>	<p><b>Obsessive Compulsive &amp; Related Disorders</b>-(hoarding, body dysmorphic, OCD)</p> <p><b>Personality Disorders</b>-(antisocial, borderline, histrionic, narcissistic)</p> <p><b>Schizophrenia Spectrum/other Psychotic</b>-(brief psychotic disorder, schizotypal personality disorder)</p> <p><b>Trauma &amp; Stressor Related Disorders</b>-(Reactive attachment, PTSD, unspecified trauma)</p> <p><b>Substance Related &amp; Addictive Disorders</b>-(alcohol, Hallucinogen, Inhalant, Opioid)</p> <p>Other _____</p> <p>_____</p>
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2. Present Charges:

Please list all present charges. If a class 3 offence, please provide details

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4. Does the client understand the charge(s)?  Yes  No

5. Does the client understand court proceedings & the role of counsel, crown, Judge?

Yes  No

6. Willingness/Capacity to Comply:

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Please submit form to:

Joelene Bamford – Youth Mental Health Court Worker, Youth Therapeutic Court  
The London Family Court Clinic  
200-254 Pall Mall St. London, ON N6A 5P6  
Ph: (519)280-4885 Fax: (519) 675-7772