

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):

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

2. Present Charges:

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

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:

Please submit form to:

Youth Mental Health Court Worker, Youth Therapeutic Court
The London Family Court Clinic
200-254 Pall Mall St. London, ON N6A 5P6
Ph: (519) 679- 7250 Fax: (519) 675-7772