

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

STATE OF IDAHO,)	County: _____
)	
Plaintiff,)	Case No: CR _____
vs.)	
)	
,)	ORDER FOR MENTAL HEALTH
)	COURT SCREENING / ASSESSMENT
Defendant.)	
_____)	

This matter is before the court upon the recommendation of the State and Defendant's Counsel. The defendant is ordered to contact the Mental Health Office and Court Coordinator no later than 7 days from the date of this order (unless in custody) to set up appointments for screening / assessment.

Israel Enriquez, Mental Health Court Coordinator, 260 4th Ave. North, Ste B, Twin Falls, Idaho, telephone (208)736-4122. The Idaho Department of Health and Welfare – Mental Health Office is located at 823 Harrison Street, Twin Falls Idaho. The phone number is (208) 736-2177.

Dated: _____

IT IS SO ORDERED.

Honorable Judge

CERTIFICATE OF MAILING/DELIVERY

I hereby certify that on the _____, a true and correct copy of the foregoing Order was E-filed to the following:

Grant Loeb
Twin Falls County Prosecutor's Office
P.O. Box 126
Twin Falls ID 83303-0126
inbox.pros@tfco.org

Ben Andersen
Twin Falls Public Defender
P.O. Box 126
Twin Falls ID 83303-0126
tfcpubdef@tfco.org

Israel Enriquez
Mental Health Court Coordinator
427 Shoshone St.
Twin Falls, Idaho 83301
israel.enriquez@tfco.org

Sarah Bickford-Thorpe
ACT Team Supervisor
Dept of Health and Welfare
Division of Behavior Health
823 Harrison Street
Twin Falls, Idaho 83301
Sarah.Bickford-Thorpe@dhw.idaho.gov

Deputy Clerk