

# Adult Redeploy Illinois Referral Form

## Personal Information

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Ethnicity \_\_\_\_\_ Sex Assigned at Birth: Male Female Intersex

Social Security (last 4 digits) # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status: Married Single Divorced Widower Living as Married

Spouse Name \_\_\_\_\_ Number of Children \_\_\_\_\_ Pregnant? N/A Yes No

## Education

Highest Grade Completed: \_\_\_\_\_ Current School: \_\_\_\_\_

Reading Problem: Yes No Writing Problem: Yes No Did you have an I.E.P.: Yes No

## Employment/Benefits

Source of Income: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Insurance: Yes No Company: \_\_\_\_\_

Group/ ID/Policy Number: \_\_\_\_\_

Social Security Benefits: Yes No Medicare: Yes No Medicaid: Yes No Provider \_\_\_\_\_

Denied Benefits: Yes No Reason: \_\_\_\_\_ Date: \_\_\_\_\_

Benefits Stopped: Yes No Reason: \_\_\_\_\_ Date: \_\_\_\_\_

## Criminal History

Current Charge: \_\_\_\_\_ Attorney: \_\_\_\_\_

Other Cases Pending: Yes No Out of County Case: Yes No (If yes, list under comments)

Currently on Probation: Yes No Officer \_\_\_\_\_ Parole: Yes No Agent \_\_\_\_\_

Comments:

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

## Mental Health/Medical

**Psychiatric Diagnosis:** \_\_\_\_\_

**Psychiatrist:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Psychologist/ Other Clinician** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Medication/Dosage** \_\_\_\_\_

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**Have you ever been hospitalized for psychiatric reasons?**    **Yes**    **No**

**Where:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Where:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Medical Issues**    **Yes**    **No**    **Diagnosis** \_\_\_\_\_

**Medication/Dosage** \_\_\_\_\_

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## Substance Abuse

**Please List all Drugs you have experimented with**

**Drug:** \_\_\_\_\_ **Age of First Use** \_\_\_\_\_ **Frequency** \_\_\_\_\_

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attorney Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

I acknowledge that my client is applying for Adult Redeploy Illinois Court.  
Please Fill Out All Three Pages of This Form