

Orange County
Courthouse
106 E. Margaret Lane
Hillsborough, NC 27278



Phone: 919-245-2304
Fax: 919-640-1729

Clinical Coordinator Referral

Date of Referral: _____ **Referred by:** _____ **Phone:** _____

Defendant Status (check all that apply):

- In custody, pending case disposition
- In custody, serving – expected release date: _____

Reason for Referral (check all that apply):

- Mental health assessment and treatment recommendations
- Substance abuse assessment and treatment recommendations
- Case management/care coordination/mental health monitoring and support
- Treatment referrals and discharge planning

Defendant Information:

NAME: _____

PHONE NUMBER: _____ **DOB:** _____

ADDRESS: _____

PENDING CHARGES: _____

PLEASE PROVIDE DETAIL ABOUT REASON FOR REFERRAL: _____

OTHER INFORMATION (attach additional pages if needed): _____

Return referral via email/scan, fax, or in person, to: Allison Zirkel (919-245-2304)

azirkel@orangecountync.gov

FAX: 919-640-1729

106 E Margaret Lane, Hillsborough NC 27278 (Orange County Courthouse, first floor)