

## 6.1 MHD ELIGIBILITY REPORT TEMPLATE

### Mental Health Diversion Eligibility Report

**Court Date:**

**Department:**

**Provider Information:**

Provider Name:

License/Certification Type & Number:

Agency/Organization (if applicable):

Email:

**Client Information:**

Full Name:

Date of Birth:

Court Case Number(s): (if available)

Defense Attorney Name & Contact:

Your Honor,

This report serves as verification of (insert client's name) DSM-5 Diagnosis(es).

- **Primary Diagnosis:**
- **Secondary Diagnosis (if applicable):**
- **Date of Diagnosis:**
- **Assessment Methodology (e.g., clinical interview, records review, psychological testing):**

Sincerely,

(Provider Name & credentials)

Provider Organization