

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.	)	
	)	
,	)	<b>ORDER FOR MENTAL HEALTH</b>
	)	<b>COURT SCREENING / ASSESSMENT</b>
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 4<sup>th</sup> Ave. North, Ste B, Twin Falls, Idaho, telephone (208)736-4122. Alliance Family Services, Inc. is located at 1411 Falls Ave. E. Ste. 703, Twin Falls Idaho. The phone number is (208) 737-0572.

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  
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\_\_\_\_\_  
Deputy Clerk