

Community Capacity Restoration
Atrium Health – Behavioral Health Charlotte
 501 Billingsley Road, Charlotte, NC 28211
 Email referral to: caprestorationprogramreferral@atriumhealth.org
Yolonda Tindal, LCSW Program Manager (704) 444-2453

Date of Referral:	
Defense Attorney:	Phone #:
Defense Attorney Certified Mailing Address:	
Defense Email:	
Prosecuting Attorney:	Phone#:
Prosecuting Attorney Certified Mailing Address:	
Prosecutor Email:	
Judge/Court:	Phone#:
Judge/Court Certified Mailing Address:	
Patient Name:	Phone #:
Date of Birth:	Age:
Court File #	
Patient Address:	
Emergency Contact:	Relationship:
Phone #:	
Required Court Documents to Accompany this Referral:	
<ul style="list-style-type: none"> Conditions of Release and Release Order with Referral to Community Capacity Restoration Evaluation declaring ITP and court order finding incapacity All charges included in ITP order Minimum and Maximum Sentencing 	
Supporting documentation:	
<ul style="list-style-type: none"> Medical Records MCSO/NC DOC Records Discovery/Charging Document 	
Medical/ Behavioral Health History:	
Current or Past Medications:	
DSM 5 Diagnosis:	
1.	2.
3.	4.
Please list all services the patient is currently receiving, including out of home placement, medication management, ACTT, SAIOP, etc.	
Service	Provider
Internal Office Use Only	
Disposition:	
Program Staff Signature/Credential:	
Date/Time:	

Revised 7/18/25