

NC-RISE Capacity Restoration Program

Mecklenburg County Detention Center

801 East 4th Street, Charlotte, NC 28202

Email referral to: NCRISE@recoveryolutions.us

PH 980-580-0994 FAX 704-432-5247

Referral Form		
Date of Referral:		
Defense Attorney:	Phone #:	
Email:		
Prosecuting Attorney:	Phone#:	
Email:		
Judge/Court:	Phone#:	
Email:		
Defendant's Name:	PID #:	
Date of Birth:	Age:	Court File #
Emergency Contact:		
Relationship to Defendant:	Phone #:	
Required Court Documents to Accompany this Referral:		
<ul style="list-style-type: none">• Conditions of Release and Release Order with Referral to Detention Based Restoration (NC-RISE)• Evaluation finding defendant ITP and court order finding incapacity		
Supporting Documentation:		
<ul style="list-style-type: none">• Medical Records• MCSO/NC DOC Records• Discovery/Charging Document		
Known medical/mental health history:		
Current or past medications:		
Behavioral Health Diagnoses		
1.	3.	
2.	4.	
Please list all services the patient has received, including inpatient psychiatric hospitalizations		
Service		Provider
1.		
2.		
3.		
Internal Office Use Only		
Disposition:		
Program staff Signature/Credential:	Date:	Time: