

**COURT CASE FORMS –  
MENTAL HEALTH (ADULT)**

**DC-4000 SERIES**

**DISTRICT COURT MANUAL  
FORMS VOLUME**

**Using This Form**

1. Copies
  - a. Original – to court.
  - b. Second copy – to respondent.
  - c. Additional copy – to evaluating agency or designee, or to designated facility of temporary detention or admission.
2. Prepared by magistrate, judge or special justice.
3. Attachments – Order temporarily detaining or requiring admission of respondent.

Preparation details – If the judicial officer orders transportation of the respondent by an alternative transportation provider in conjunction with the issuance of an emergency custody order or a temporary detention order, the judicial officer is required to insert the name of the alternative transportation provider on the emergency custody order or temporary detention order.

**ORDER FOR ALTERNATIVE  
TRANSPORTATION PROVIDER**

Case No. 1

Commonwealth of Virginia  
VA. CODE §§ 37.2-808; 37.2-810; 37.2-829; 16.1-340; 16.1-340.1; 16.1-340.2; 16.1-345

[ ] General District Court [ ] Circuit Court  
[ ] Juvenile and Domestic Relations District Court

2  
CITY/COUNTY

In re 3  
NAME OF RESPONDENT 4 [ ] JUVENILE

As an alternative to transportation of the respondent by a law enforcement agency, consideration has been given by the undersigned judicial officer to authorizing transportation by an alternative transportation provider of the respondent who is

- [ ] an adult, pursuant to Va. Code
  - [ ] § 37.2-808 as provided in the attached **emergency custody order**, based upon finding that the respondent meets the criteria of § 37.2-808(A)(i)(b) but not the criteria of § 37.2-808(A)(i)(a).
  - [ ] § 37.2-810 as provided in the attached **temporary detention order** entered pursuant to § 37.2-809, based upon finding that the respondent meets the criteria of § 37.2-809(B)(i)(b) but not the criteria of § 37.2-809(B)(i)(a).
  - [ ] § 37.2-829
    - [ ] in conjunction with a proceeding pursuant to Va. Code § 37.2-814, in which the respondent **volunteered for admission**.
    - [ ] as provided in the attached order for **involuntary admission** pursuant to Va. Code §§ 37.2-815 through 37.2-821.
- [ ] a juvenile, pursuant to Va. Code
  - [ ] § 16.1-340 as provided in the attached **emergency custody order**, based upon finding that the juvenile meets the criteria of § 16.1-340(A)(i)(b).
  - [ ] § 16.1-340.2 as provided in the attached **temporary detention order** entered pursuant to § 16.1-340.1, based upon finding that the juvenile meets the criteria of § 16.1-340.1(A).
  - [ ] § 16.1-345 as provided in the attached order for **involuntary admission** of the juvenile.

In accordance with the provisions of the Virginia Code, the undersigned judicial officer has determined that the alternative transportation provider designated below is available and willing to provide transportation to the respondent, and is able to provide transportation to the respondent in a safe manner, based upon information provided by the petitioner; the community services board or its designee; the local law-enforcement agency; the person's treating physician; the proposed alternative transportation provider; or by other person(s) who are available and have knowledge of the respondent, namely:

NAME	RELATIONSHIP TO RESPONDENT/TITLE	FACILITY/AGENCY	TELEPHONE NUMBER

It is hereby ORDERED that the respondent shall be transported as specified in the attached order by an alternative transportation provider, namely:

NAME	RELATIONSHIP TO RESPONDENT/TITLE	FACILITY/AGENCY	TELEPHONE NUMBER

The alternative transportation provider shall transport the respondent from the respondent's current location to the location(s) specified on the attached order, or if this order is entered pursuant to § 37.2-810 as noted above, to the alternative facility of temporary detention identified by the employee or designee of the community services board, if the alternative transportation provider continues to have custody of the respondent when an alternative facility is identified. A copy of the attached order shall accompany the respondent at all times, and the alternative transportation provider shall deliver such copy to the designated evaluating agency or designee; or to the designated facility of temporary detention or admission.

8  
DATE

9  
[ ] MAGISTRATE [ ] JUDGE [ ] SPECIAL JUSTICE

10  
DATE AND TIME RESPONDENT DELIVERED TO FACILITY

11  
NAME OF TEMPORARY DETENTION FACILITY  
(IF DIFFERENT FROM FACILITY ON ATTACHED ORDER)

12  
SIGNATURE OF ALTERNATIVE TRANSPORTATION PROVIDER

**Data Elements**

1. Insert court case number.
2. Insert court name. Check appropriate box.
3. Insert name of respondent.
4. Check this box if the respondent is a juvenile.
5. Check the appropriate boxes that provide the underlying basis for the issuance of this order.
6. Insert the name, relationship to respondent or title, facility/agency and telephone number for each person not specifically named in the preceding paragraph who provided information to the judicial officer regarding the possibility of the respondent being transported by an alternative transportation provider.
7. Insert the name, relationship to respondent or title, facility/agency and telephone number for the alternative transportation provider.
8. Insert date when this order is issued.
9. Signature of judicial officer entering this order. Check box below signature line indicating title.
10. Insert date and time the respondent was delivered to facility named in the attached order or, if applicable, Data Element No. 11.
11. Insert name of temporary detention facility to which the respondent was delivered, if applicable.
12. Signature of alternative transportation provider named in Data Element No. 7.

**Using This Form**

1. Copies
  - a. Original – to court.
  - b. Second copy – to respondent.
2. Prepared by petitioner requesting involuntary admission for treatment of respondent.
3. Attachments
  - a. Preadmission screening report, if applicable.
  - b. Initial mandatory outpatient treatment plan, if applicable.
  - c. Additional sheets for additional charges, if juvenile detained in a detention home or shelter care facility.
4. Preparation details
  - a. This form should only be used for juvenile respondents when the petitioner is requesting a magistrate to issue an emergency custody order or a temporary detention order for a juvenile, pursuant to Virginia Code § 16.1-340 or § 16.1-340.1, specifically form DC-592, EMERGENCY CUSTODY ORDER – JUVENILE or form DC-895, TEMPORARY DETENTION ORDER – MAGISTRATE (JUVENILE). All other requests for the involuntary commitment of a juvenile for treatment should be made using form DC-511, PETITION.
  - b. This form should also be used if the petitioner is requesting an involuntary commitment order for an adult respondent to be continued.

**PETITION FOR INVOLUNTARY  
ADMISSION FOR TREATMENT**

Commonwealth of Virginia VA. CODE §§ 16.1-340; 37.2-808 through 37.2-819

Temporary Detention Order No. ..... **1**  
Case No. .... **2**  
Hearing Date and Time ..... **3**

General District Court  
 Juvenile and Domestic Relations District Court

..... **4**  
CITY OR COUNTY

In re ..... **5** ..... **6** ..... **7**  
NAME OF RESPONDENT DATE OF BIRTH GENDER

..... **8** ..... **9**  
RESIDENCE ADDRESS MAILING ADDRESS IF DIFFERENT

.....  
CITY STATE ZIP CODE CITY STATE ZIP CODE

..... **10**  
NAME AND ADDRESS OF CURRENT LOCATION OF RESPONDENT

..... **11**  
NAME AND ADDRESS OF PARENT/GUARDIAN/LEGAL CUSTODIAN (IF RESPONDENT IS A JUVENILE)

..... **11**  
NAME AND ADDRESS OF PARENT/GUARDIAN/LEGAL CUSTODIAN (IF RESPONDENT IS A JUVENILE)

..... **12** ..... **12**  
NAME OF PETITIONER PETITIONER'S RELATIONSHIP TO RESPONDENT

**13** {  
.....  
NAME OF AGENCY OR FACILITY OF PETITIONER (IF APPLICABLE) (.....) ..... FACSIMILE NUMBER  
.....  
ADDRESS OF PETITIONER (.....) ..... TELEPHONE NUMBER  
.....  
CITY STATE ZIP CODE (.....) ..... ALTERNATE TELEPHONE NUMBER

I, the undersigned petitioner, being a responsible person, hereby file this petition pursuant to Virginia Code

**14**  §§ 37.2-805 through 37.2-819 (Adult Cases Only) and state that the respondent is unwilling to volunteer or incapable of volunteering for hospitalization or treatment, has a mental illness and is in need of hospitalization or treatment, and that there exists a substantial likelihood that, as a result of mental illness, the respondent will, in the near future:

**15** {  
 cause serious physical harm to  self  others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or  
 suffer serious harm due to respondent's lack of capacity to protect self from harm or to provide for respondent's own basic human needs

**16**  I further state, based upon personal knowledge, that ..... **16** ..... meets  
NAME OF PROPOSED ALTERNATIVE TRANSPORTATION PROVIDER  
the criteria of an alternative transportation provider set forth in § 37.2-808 or § 37.2-810, and request the magistrate to consider authorizing transportation of the respondent by this identified person, facility or agency as an alternative to transportation by a law enforcement agency.

**17**  The preadmission screening report has been prepared by the community services board and the report is attached.

**18**  An initial mandatory outpatient treatment plan has been prepared by the community services board and is attached.

**19**  This petition is filed pursuant to Virginia Code § 37.2-817(C) prior to the expiration of the involuntary admission order entered on .....  
DATE, to continue such order, of which the respondent is the subject, for a period not to exceed 180 days.

**20**  This motion for mandatory outpatient treatment is filed pursuant to Virginia Code § 37.2-805 or § 37.2-817(C) as the respondent has been the subject of a temporary detention order and voluntarily admitted himself in accordance with § 37.2-814(B) or was involuntarily admitted pursuant to § 37.2-817(C), and on at least two previous occasions within 36 months preceding the date of the hearing, has been the subject of a temporary detention order and voluntarily admitted himself in accordance with § 37.2-814(B) or has been involuntarily admitted pursuant to § 37.2-817

**21**  § 19.2-169.6 and as the person having custody over the respondent, who is an inmate, state that the inmate has a mental illness; there exists a substantial likelihood that, as a result of a mental illness, the inmate will, in the near future,

cause serious physical harm to  self  others as evidenced by recent behavior causing, attempting, or threatening harm and any other relevant information, or

suffers serious harm due to his lack of capacity to protect himself from harm as evidenced by recent behavior and any other relevant information;

and the inmate requires treatment in a hospital rather than a local correctional facility.

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**Data Elements, page one**

1. Insert temporary detention order number, if applicable.
2. Insert court case number, if applicable.
3. Insert hearing date and time, if known.
4. Insert court name. Check appropriate box.
5. Insert name of respondent.
6. Insert date of birth of respondent.
7. Insert gender of respondent.
8. Insert residence address of respondent.
9. Insert mailing address of respondent if different from residential address.
10. Insert name and address of current location of respondent.
11. If respondent is a juvenile, insert name and address of parent/guardian/legal custodian.
12. Insert name of petitioner, and nature of petitioner's relationship to respondent.
13. Inset name of agency/facility, address and telephone and facsimile numbers for petitioner.
14. Check this box if the respondent is an adult for whom involuntary admission for treatment is being requested pursuant to Virginia Code §§ 37.2-808 through 37.2-819.
15. Check the applicable boxes.
16. Check this box and insert name of proposed alternative transportation provider, if applicable.
17. Check this box if a preadmission screening report is being included with the petition.
18. Check this box if an initial mandatory outpatient treatment plan is being included with the petition.
19. Check this box if the petitioner is requesting an involuntary admission order to be continued.
20. Check this box if the respondent is voluntarily or involuntarily admitted with the specified history of voluntary or involuntary admission, and mandatory outpatient treatment is being sought by the petitioner.
21. Check this box if the respondent is an inmate for whom involuntary admission for treatment is being requested pursuant to Virginia Code § 19.2-169.6.

Temporary Detention Order No. **1**

Case No. **2**

**3** [ ] § 19.2-182.9 and state that the respondent, who is an acqutee on conditional release  
[ ] has violated the conditions of the respondent's release, or  
[ ] is no longer a proper subject for conditional release,  
and the respondent requires inpatient hospitalization.

**4** [ ] § 16.1-340 or § 16.1-340.1 (Juvenile Cases Only) and state that because of mental illness, the respondent, who is a juvenile:  
**5** { [ ] presents a serious danger to [ ] self [ ] others to the extent that severe or irremediable injury is likely to result, as evidenced by recent acts or threats, or  
[ ] is experiencing a serious deterioration of the ability to care for self in a developmentally age-appropriate manner, as evidenced by delusuionary thinking or by a significant impairment of functioning in hydration, nutrition, self-protection, or self-control,  
and the juvenile is in need of compulsory treatment for a mental illness and is reasonably likely to benefit from the proposed treatment.

**6** [ ] The juvenile is currently detained in a detention home or shelter care facility by order of the  
**6** ..... Juvenile and Domestic Relations District Court. To the extent known,  
NAME OF COURT  
the following charges against the juvenile are the basis of the detention in the detention home or shelter care facility:

.....  
**7**  
CHARGE  
.....  
CHARGE

**8** [ ] See attached sheet for additional charges.

To the extent known, the names and addresses of the juvenile's parents are as follows:

.....  
**9**  
NAME OF MOTHER AND ADDRESS

.....  
**10**  
NAME OF FATHER AND ADDRESS

I request that the respondent be examined and accorded such assistance as provided by law. In support of this petition, I further state as follows: .....

**11**  
.....  
.....  
.....

.....  
**12**  
DATE

.....  
**13**  
PETITIONER

The petitioner appeared this date before the undersigned and, upon being duly sworn, made oath that the facts stated in this petition are true based on the petitioner's knowledge.

.....  
**14**  
DATE

.....  
**15**  
[ ] JUDGE [ ] MAGISTRATE [ ] SPECIAL JUSTICE [ ] CLERK

**FOR NOTARY PUBLIC'S USE ONLY: 16**

State of ..... [ ] City [ ] County of .....

Acknowledged, subscribed and sworn to before me this ..... day of ....., 20 .....

by .....

.....  
DATE

.....  
NOTARY PUBLIC  
Notary Registration No. .... (My commission expires .....

**Data Elements, page two**

1. Insert temporary detention order number, if applicable.
2. Insert court case number, if applicable.
3. Check this box if the respondent is an acquittee on conditional release for whom involuntary admission for treatment is being requested pursuant to Virginia Code § 19.2-182.9.
4. Check this box if the respondent is a juvenile, and the petitioner is requesting a magistrate to issue an emergency custody order or a temporary detention order.
5. Check the applicable boxes.
6. Check this box if the respondent is a juvenile who is detained in a detention home or a shelter care facility at the time the petition is filed, and insert the name of the court which issued the order detaining the juvenile.
7. List the charges that are the basis for the juvenile's detention in the detention home or shelter care facility, if applicable.
8. Check box if additional sheet is attached.
9. Insert name and address of mother of juvenile.
10. Insert name and address of father of juvenile.
11. Indicate other information relevant to the petition.
12. Insert date signed by petitioner.
13. Signature of petitioner.
14. Date of acknowledgment, to be completed by person taking the acknowledgement.
15. Signature of person taking the acknowledgment.
16. Required information to be inserted by notary public, if applicable.

**Using This Form**

1. Copies
  - a. Original – to court.
  - b. Second copy – to respondent.
  - c. Additional copy – to respondent’s attorney.
  - d. Additional copy – to facility, if applicable.
2. Prepared by judge or special justice.
3. Attachments
  - a. Form DC-4000, ORDER FOR ALTERNATIVE TRANSPORTATION PROVIDER, only if it is ordered that the respondent is to be transported to the facility by an alternative transportation provider.

**ORDER FOR TREATMENT**

Commonwealth of Virginia VA. CODE §§ 37.2-814, -815, -816, -817

Case No. **1** .....

..... **2** ..... [ ] General District Court [ ] Circuit Court  
CITY OR COUNTY

In re ..... **3** .....  
NAME OF RESPONDENT SOCIAL SECURITY NUMBER

..... **4** .....  
ADDRESS CITY STATE ZIP CODE

..... **5** .....  
PRESENT LOCATION OF RESPONDENT

Petitioner: ..... **6** .....  
NAME OF PETITIONER

.....  
ADDRESS CITY STATE ZIP CODE

Present:

- 7** {
- [ ] Respondent [ ] Respondent did not attend because .....
  - [ ] Attorney for respondent ..... [ ] Petitioner .....
  - [ ] Independent examiner ..... [ ] in person [ ] by audio/video or telephone
  - [ ] Attending or treating physician ..... [ ] in person [ ] by audio/video or telephone
  - [ ] Attending or treating psychologist ..... [ ] in person [ ] by audio/video or telephone
  - [ ] Community Services Board (CSB) representative .....  
NAME OF CSB REPRESENTATIVE  
..... [ ] in person [ ] by audio/video or telephone  
NAME OF CSB AND TELEPHONE NUMBER
  - [ ] Interpreter ..... [ ] in person [ ] by audio/video or telephone
  - [ ] Other .....  
NAME ADDRESS RELATIONSHIP/TITLE  
.....  
NAME ADDRESS RELATIONSHIP/TITLE

A petition for the involuntary admission for inpatient treatment or mandatory outpatient treatment of the respondent having been filed pursuant to Virginia Code §§ 37.2-809 through 37.2-819,

**8** [ ] prior to the hearing authorized by §§ 37.2-814 through 37.2-819, the director of the facility in which the respondent was detained released the person pursuant to § 37.2-813 and, without a hearing, the petition is hereby dismissed.

**9** [ ] the respondent appeared before this court for a hearing. At the commencement of the hearing, it was ascertained that the respondent was given the written explanation of the involuntary admission process. The respondent was informed of the respondent's right to apply for voluntary admission for inpatient treatment as provided for in § 37.2-805 and of the prohibition from purchasing, possessing or transporting a firearm pursuant to § 18.2-308.1:3 upon voluntary admission; of the respondent's right to a full and impartial hearing in the event that the respondent is incapable of or unwilling to apply for voluntary admission; of the respondent's right to counsel, the basis of the detention, the standard upon which the respondent may be detained and treated on an involuntary basis, the respondent's right to appeal the decision to the circuit court, and the respondent's right to a jury on appeal.

**Data Elements, *page one of four***

1. Insert court case number.
2. Insert court name.
3. Insert name and social security number of respondent.
4. Insert address of respondent.
5. Insert present location of respondent.
6. Insert name and address of petitioner.
7. Check applicable boxes indicating who attended the hearing and how they appeared.  
Insert names of people and other information where appropriate.
8. Check this box if the director of the facility released the respondent prior to the hearing, and, without a hearing, the petition is dismissed.
9. Check this box if the respondent appeared for a hearing, and the respondent was advised of his or her rights.

**2** [ ] The court finds that the respondent has been under a temporary detention order and is willing and capable of seeking voluntary admission for inpatient treatment. The respondent has agreed to this hospitalization and treatment for 72 hours, unless released earlier. The respondent further has agreed to give the facility 48 hours' notice of the respondent's desire to leave the facility, and to remain at the facility during these 48 hours unless discharged. The respondent has been advised that by agreeing to this voluntary admission, the respondent cannot purchase, possess or transport firearms until a court issues an order restoring the respondent's right to purchase, possess or transport a firearm. The respondent has been informed that after release, the respondent may petition the general district court where the respondent resides to restore such rights, and that the court can restore these rights only if the court finds that the respondent will not likely act dangerously and that restoring these rights would not be against the public interest.

Based upon the respondent's agreement to the requirements of § 37.2-814(B), the petition is hereby dismissed. The clerk shall certify the respondent's voluntary admission to the Central Criminal Records Exchange pursuant to § 37.2-819.

The court has reviewed the petition, observed the respondent and considered the recommendations of any treating physician or psychologist licensed in Virginia, if available, any past actions of the person, any past mental health treatment of the person, any examiner's certification, any health records available, the preadmission screening report, and any other relevant evidence that was admitted.

Having considered all relevant and material evidence,

**3** [ ] The court finds that the respondent does not meet the criteria for involuntary admission or treatment. The court, therefore, orders that the case is dismissed and that the facility release the respondent from involuntary custody.

**4** [ ] The court finds by clear and convincing evidence that the person meets the criteria for mandatory outpatient treatment specified in Virginia Code § 37.2-817(D) in that:

- [ ] the person has a mental illness and there exists a substantial likelihood that, as a result of mental illness, such person will, in the near future,
  - [ ] cause serious physical harm to [ ] himself [ ] others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, or
  - [ ] suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs; and
- [ ] less restrictive alternatives to involuntary inpatient treatment that would offer an opportunity for improvement of the person's condition have been investigated and are determined to be appropriate; and
- [ ] the person has sufficient capacity to understand the stipulations of treatment, has expressed an interest in living in the community and has agreed to abide by his treatment plan, and is deemed to have the capacity to comply with the treatment plan and understand and adhere to conditions and requirements of the treatment and services; and
- [ ] the ordered treatment can be delivered on an outpatient basis by the community services board or designated provider as the services are available in the community and providers of the services have agreed to deliver the services.

Accordingly, the court so certifies and orders that the respondent be involuntarily admitted to mandatory outpatient treatment for ..... **5** ..... days, a period not to exceed 90 days, and further orders that the respondent shall comply with the initial mandatory outpatient treatment plan, with the comprehensive mandatory outpatient treatment plan and with any modifications thereof that are filed with the court in this proceeding, which plans are incorporated by reference in this order.

The ..... **6** ..... community services board shall monitor the implementation of the mandatory outpatient treatment plan and report any material noncompliance to the court.

**Data Elements, *page two of four***

1. Insert court case number.
2. Check this box if there is a finding that the respondent is capable and willing of seeking voluntary admission for inpatient treatment, and the respondent has agreed to accept such treatment.
3. Check this box if the respondent does not meet the criteria for involuntary admission or treatment.
4. Check this box if the respondent meets the criteria for mandatory outpatient treatment, and then check the applicable boxes.
5. Insert the number of days of admission for mandatory outpatient treatment.
6. Insert the name of the community services board responsible for monitoring the respondent's compliance with the mandatory outpatient treatment plan.

**2** The court finds by clear and convincing evidence that the person meets the criteria for involuntary admission and treatment specified in Virginia Code § 37.2-817(C) in that:

- the person has a mental illness and there exists a substantial likelihood that, as a result of mental illness, such person will, in the near future,
  - cause serious physical harm to  himself  others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, or
  - suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs; and
- less restrictive alternatives to involuntary inpatient treatment that would offer an opportunity for improvement of the person's condition have been investigated and are determined to be inappropriate; and

Accordingly, the court so certifies and orders the involuntary admission of the respondent

to ..... **3** ....., a facility designated by the community services board, for  
NAME OF FACILITY

a period not to exceed 30 days from the date of this order, or if the petition is for recommitment, for a period not to exceed 180 days from the date of this order.

**4**  AUTHORIZATION TO DISCHARGE (Va. Code § 37.2-817(C1))

The court further finds by clear and convincing evidence that:

- the person has a history of lack of compliance with treatment for mental illness that has at least twice within the past 36 months resulted in the person being subject to an order for involuntary admission pursuant to Virginia Code § 37.2-817(C);
- in view of the person's treatment history and current behavior, the person is in need of mandatory outpatient treatment following inpatient treatment in order to prevent a relapse or deterioration that would be likely to result in the person meeting the criteria for involuntary inpatient treatment;
- as a result of mental illness, the person is unlikely to voluntarily participate in outpatient treatment unless the court enters an order authorizing discharge to mandatory outpatient treatment following inpatient treatment; and
- the person is likely to benefit from mandatory outpatient treatment.

Accordingly, the court authorizes the person's treating physician to discharge the person from involuntary admission under this order to mandatory outpatient treatment under a discharge plan developed, submitted for approval by the court, and monitored by the community services board in accordance with the provisions of Virginia Code § 37.2-817(C2). Upon discharge from inpatient treatment to mandatory outpatient treatment by the treating physician, the respondent shall comply with the discharge plan that is filed with the court in this proceeding, which plan is incorporated by reference in this order.

It is further ordered, pursuant to § 37.2-818(C), that copies of the relevant records of the subject of this order be released to the treatment facility in which the person has been placed under this order, if any; to the community services board of the jurisdiction where he resides, to the treatment providers identified in any mandatory outpatient treatment plan attached to or incorporated in this order and to any other treatment providers or entities involved in the development or implementation of the mandatory outpatient treatment plan.

**5**  The court further orders pursuant to § 37.2-829 that transportation of the person to the facility shall be provided by

**6**  the Sheriff of .....  
CITY OR COUNTY

**7**  the alternative transportation provider as designated on the attached form DC-4000, ORDER FOR ALTERNATIVE TRANSPORTATION PROVIDER.

..... **8** .....  
DATE

..... **9** .....  
[ ] JUDGE [ ] SPECIAL JUSTICE

**NOTICE TO THE RESPONDENT:**

Pursuant to Virginia Code § 18.2-308.1:3, if you are ordered to be involuntarily admitted to a facility for inpatient treatment or ordered to mandatory outpatient treatment as a result of a commitment hearing held pursuant to Virginia Code § 37.2-817, or if you were the subject of a temporary detention order issued pursuant to Virginia Code § 37.2-809 and you subsequently agreed to voluntary admission pursuant to Virginia Code § 37.2-305, it is unlawful for you to purchase, possess or transport a firearm.

**Data Elements, page three of four**

1. Insert court case number.
2. Check this box if the respondent meets the criteria for involuntary admission and treatment, and then check the applicable boxes.
3. Insert name of facility to which the respondent is to be admitted.
4. Check this box if discharge to mandatory outpatient treatment following inpatient treatment is authorized. Check boxes to indicate required findings made.
5. Check this box if an order regarding transportation is necessary.
6. Check this box if the sheriff is ordered to transport the respondent to the facility named in Data Element No. 3, and insert name of jurisdiction.
7. Check this box if an alternative transportation provider is ordered to transport the respondent to the facility named in Data Element No. 3. Attach form DC-4000, ORDER FOR ALTERNATIVE TRANSPORTATION PROVIDER, if this box is checked.
8. Insert date when this order is issued.
9. Signature of judicial officer entering order. Check box below signature line indicating title.

## **AUTHORIZATION FOR DISCLOSURE AND USE OF HEALTH INFORMATION**

Under Virginia Code §§ 37.2-804.2 and 37.2-817(K), any health care provider, as defined in Virginia Code § 32.1-127.1:03, or other provider who has provided or is currently providing services to a person who is the subject of proceedings pursuant to Title 37.2, Chapter 8 of the Code of Virginia must, upon request, disclose to a magistrate, the court, the person's attorney, the person's guardian *ad litem*, the examiner identified to perform an examination of a person who is the subject of a commitment hearing for involuntary admission, the community services board or its designee performing any related evaluation, preadmission screening, or monitoring duties, or a law-enforcement officer any information that is necessary and appropriate for the performance of his duties pursuant to § 37.2-800 et seq. Any health care provider, as defined in § 32.1-127.1:03, or other provider who has provided or is currently evaluating or providing services to a person who is the subject of emergency custody or involuntary temporary detention proceedings must disclose information that may be necessary for the treatment of such person to any other health care provider or other provider evaluating or providing services to or monitoring the treatment of the person. Health records disclosed to a law-enforcement officer must be limited to information necessary to protect the officer, the person, or the public from physical injury or to address the health care needs of the person. Information disclosed to a law-enforcement officer must not be used for any other purpose, disclosed to others, or retained.

Any health care provider disclosing records pursuant to Virginia Code § 37.2-804.2 will be immune from civil liability for any harm resulting from the disclosure, including any liability under the federal Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.), as amended, unless the person or provider disclosing such records intended the harm or acted in bad faith.

**Data Elements, *page four of four***

**NO DATA ELEMENTS FOR PAGE FOUR OF FOUR.**

**Using This Form**

1. Copies
  - a. Original – to court.
  - b. Second copy – to inmate.
  - c. Additional copies – to inmate’s attorney, to facility and to local correctional facility, if applicable.
2. Prepared by judge or special justice.
3. Attachments
  - a. Form DC-342, ORDER FOR PSYCHOLOGICAL EVALUATION, if applicable.
4. Preparation details
  - a. Data Element Nos. 8 through 10 on page one are for use only by the court having jurisdiction over the inmate’s pending case.
  - b. Data Element Nos. 1 through 4 on page two are for use by a special justice of district court judge, including a judge of the court having jurisdiction over the inmate’s pending case.

**ORDER FOR TREATMENT OF INMATE**

Commonwealth of Virginia VA. CODE §§ 19.2-169.6; 37.2-814, -815, -816, -817(C)

Case No. **1**

General District Court  Circuit Court  
 Juvenile and Domestic Relations District Court

**2**  
CITY OR COUNTY

In re **3** ..... , an inmate  
FIRST MIDDLE LAST SUFFIX

**4**  
LOCAL CORRECTIONAL FACILITY

CITY STATE ZIP CODE

**5** COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			
SSN									
DL#								STATE	

Petitioner: **6** .....  
FIRST MIDDLE LAST SUFFIX

Present:

- 7** {
- Inmate  Inmate did not attend because .....
  - Attorney for inmate .....  Petitioner .....
  - Independent examiner .....  in person  by audio/video or telephone
  - Attending or treating physician .....  in person  by audio/video or telephone
  - Attending or treating psychologist .....  in person  by audio/video or telephone
  - Community Services Board (CSB) representative .....  
NAME OF CSB REPRESENTATIVE  
.....  in person  by audio/video or telephone  
NAME OF CSB AND TELEPHONE NUMBER
  - Interpreter .....  in person  by audio/video or telephone
  - Other .....  
NAME ADDRESS RELATIONSHIP/TITLE  
.....  
NAME ADDRESS RELATIONSHIP/TITLE

A hearing having been held pursuant to Virginia Code § 19.2-169.6(A) to determine whether the inmate, who is in a local correctional facility and not subject to the provisions of § 19.2-169.2, may be hospitalized for psychiatric treatment,

**8**  pursuant to of § 19.2-169.6(A)(1),  upon the court's motion  upon petition by the person having custody over the inmate, with consideration of the examination conducted in accordance with § 37.2-815 and the preadmission screening report prepared in accordance with § 37.2-816, the court with jurisdiction over the inmate's pending criminal case:

**9**  finds that the inmate does not meet the criteria for hospitalization for psychiatric treatment. Accordingly, the court denies the motion.

**10**  finds by clear and convincing evidence that the inmate has a mental illness; there exists a substantial likelihood that, as a result of a mental illness, the inmate will, in the near future, cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any; and the inmate requires treatment in a hospital rather than the local correctional facility.

Accordingly, the court orders hospitalization of the inmate for psychiatric treatment at the facility designated below, for no longer than 30 days.

**Data Elements, page one**

1. Insert court case number.
2. Insert court name.
3. Insert full name of inmate.
4. Insert name and address of local correctional facility where inmate is being detained.
5. Insert information describing the respondent. Include only data which is known.
6. Insert name of petitioner.
7. Check applicable boxes indicating who attended the hearing and how they appeared. Insert names of people and other information where appropriate.
8. Check this box if a hearing is held pursuant to Va. Code § 19.2-169.6(A)(1) by the court having jurisdiction over the inmate's pending case, and indicate whether the hearing was held on the court's own motion or upon petition by the person having custody over the inmate.
9. Check this box if the inmate does not meet the criteria for hospitalization for psychiatric treatment.
10. Check this box if it is found that the inmate requires treatment in a hospital.

**2** [ ] pursuant to § 19.2-169.6(A)(2), with consideration of the examination conducted in accordance with § 37.2-815; the preadmission screening report prepared in accordance with § 37.2-816; and, as specified in § 37.2-817(C), if available, the recommendations of any treating physician or psychologist licensed in Virginia, any past actions of the person, any past mental health treatment of the person, any health records available, and any other relevant evidence that was admitted, the court:

**3** [ ] finds that the inmate does not meet the criteria for hospitalization for psychiatric treatment. Accordingly, the court denies the motion.

**4** [ ] finds by clear and convincing evidence that the inmate has a mental illness; there exists a substantial likelihood that, as a result of a mental illness, the inmate will, in the near future, cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any; and the inmate requires treatment in a hospital rather than the local correctional facility.

Accordingly, the court orders:

- 5** { [ ] hospitalization of the inmate for psychiatric treatment for no longer than 30 days.
- [ ] continued hospitalization for psychiatric treatment of the inmate, who is awaiting trial, for a period of 60 days but in no event beyond the trial. The facility at which the inmate is hospitalized shall notify the court with jurisdiction over the inmate’s criminal case and the inmate’s attorney in the criminal case, if continued hospitalization of the inmate is ordered by other than such court.
- [ ] continued hospitalization for psychiatric treatment of the inmate, who has been convicted of a crime, for a period of 180 days but in no event beyond the date upon which the inmate’s sentence would have expired had the inmate received the maximum sentence for the crime charged. Upon discharge from the hospital, the inmate shall serve any remainder of the inmate’s sentence.

**6**

NAME AND ADDRESS OF FACILITY

a hospital designated by the Commissioner of Behavioral Health and Developmental Services as appropriate for treatment of persons under criminal charge.

**7**

DATE

**8**

[ ] JUDGE [ ] SPECIAL JUSTICE

**9** [ ] The court, which has jurisdiction over the inmate’s pending criminal case, has attached an ORDER FOR PSYCHOLOGICAL EVALUATION pursuant to Va. Code § 19.2-169.6(C).

**AUTHORIZATION FOR DISCLOSURE AND USE OF HEALTH INFORMATION**

Under Virginia Code §19.2-169.6(G), any health care provider, as defined in Virginia Code § 32.1-127.1:03, or other provider rendering services to an inmate who is the subject of proceedings pursuant to Virginia Code § 19.2-169.6 must, upon request, disclose to a magistrate, the court, the inmate’s attorney, the inmate’s guardian *ad litem*, the examiner appointed pursuant to Virginia Code § 37.2-815, the community services board or behavioral health authority preparing the preadmission screening pursuant to Virginia Code § 37.2-816, or the sheriff or administrator of the local correctional facility any and all information that is necessary and appropriate to enable each of them to perform his duties pursuant to § 19.2-169.6. These health care providers and other service providers must disclose information to one another health records and information where necessary to provide care and treatment to the inmate and to monitor that care and treatment. Health records disclosed to a sheriff or administrator of the local correctional facility must be limited to information necessary to protect the sheriff or administrator of the local correctional facility and his employees, the inmate, or the public from physical injury or to address the health care needs of the inmate. Information disclosed to a law-enforcement officer must not be used for any other purpose, disclosed to others, or retained.

Any health care provider disclosing records pursuant to Virginia Code § 19.2-169.6 will be immune from civil liability for any harm resulting from the disclosure, including any liability under the federal Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.), as amended, unless the person or provider disclosing such records intended the harm or acted in bad faith.

**Data Elements, page two**

1. Insert court case number.
2. Check this box if a hearing is held pursuant to Va. Code § 19.2-169.6(A)(2) by a special justice or a district court judge, including a judge in the court having jurisdiction over the inmate's pending case.
3. Check this box if the inmate does not meet the criteria for hospitalization for psychiatric treatment.
4. Check this box if it is found that the inmate requires treatment in a hospital.
5. Check the box indicating the ordered hospitalization.
6. Insert name and address of facility where the inmate is to be hospitalized as ordered in Data Element No. 10 on page one or Data Element No. 4 on page two.
7. Insert date when order issued.
8. Signature of judicial officer entering order. Check box below signature line indicating title.
9. Check this box if the court having jurisdiction over the inmate's pending case has also issued form DC-342, ORDER FOR PSYCHOLOGICAL EVALUATION.

**Using This Form**

1. Copies
  - a. Original - to court.
  - b. Second copy – to respondent.
2. Prepared by petitioning community services board.
3. Attachments –
  - a. A copy of the most recent mandatory outpatient treatment order.
  - b. A copy of a revised mandatory outpatient treatment plan, if applicable.

**PETITION FOR REVIEW OF  
MANDATORY OUTPATIENT TREATMENT**

Commonwealth of Virginia VA. CODE §§ 37.2-817, 37.2-817.1, 37.2-817.2

Case No. 1

2 General District Court  
CITY/COUNTY

In re 3  
NAME OF RESPONDENT

4  
ADDRESS

CITY STATE ZIP CODE ( ) TELEPHONE NUMBER

Current location of respondent, if different:

5  
NAME AND ADDRESS OF FACILITY

CITY STATE ZIP CODE ( ) TELEPHONE NUMBER

Petitioner 6  
NAME AND ADDRESS OF PETITIONING AGENCY

CITY STATE ZIP CODE ( ) TELEPHONE NUMBER

Original petitioner for involuntary treatment of respondent, if different:

7  
NAME AND ADDRESS

CITY STATE ZIP CODE ( ) TELEPHONE NUMBER

8 { This petition for a hearing pursuant with Virginia Code § 37.2-817.2 to review [ ] a mandatory outpatient treatment order [ ] an order authorizing discharge to mandatory outpatient treatment following inpatient treatment entered on \_\_\_\_\_, of which the respondent is the subject and a copy of which is attached and incorporated, is filed in accordance with the provisions of Virginia Code

9 [ ] § 37.2-817 by the community services board responsible for developing the comprehensive mandatory treatment plan within 5 days of the entry of the order, because the services necessary for the treatment of the respondent's mental illness

10 [ ] are not available. Specify unavailable service(s): \_\_\_\_\_

11 [ ] cannot be provided to the person in accordance with the order. Specify reason(s): \_\_\_\_\_

12 [ ] Additional sheet(s) attached and incorporated by reference.

Accordingly, the petitioner requests that the court schedule a hearing pursuant to § 37.2-817.2 and provide notice to the person who is the subject of the mandatory outpatient treatment order, the person's attorney, this petitioning community services board, which is responsible for developing the comprehensive mandatory outpatient treatment plan, and the original petitioner for the person's involuntary treatment, if different.

**Data Elements, page one**

1. Insert court case number.
2. Insert court name.
3. Insert name of respondent.
4. Insert address and telephone number of respondent.
5. Insert name, address and telephone number of facility where respondent is located if different from address in Data Element No. 4.
6. Insert name, address and telephone number of petitioning agency.
7. Insert name, address and telephone number of original petitioner for involuntary treatment of respondent, if different from the current petitioner.
8. Check applicable box and insert date of order.
9. Check this box if the petition is being filed within 5 days of entry of the mandatory outpatient treatment order and the services specified in the mandatory outpatient treatment order are unavailable or cannot be provided.
10. Check this box if the services are not available, and specify the unavailable services.
11. Check this box if the services cannot be provided, in accordance with the order, and specify the reason why the services cannot be so provided.
12. Check this box if additional sheets are attached.



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**Data Elements, page two**

1. Insert court case number.
2. Check this box if the respondent has failed to materially comply with the plan.
3. Check these boxes if the respondent has failed to materially comply with the mandatory outpatient treatment order.
4. Check these boxes if the respondent has failed to materially comply with the order authorizing discharge to mandatory outpatient treatment following inpatient treatment.
5. Describe nature of noncompliance.
6. Check this box if additional sheets are attached.
7. Check the applicable box.
8. Check appropriate box.
9. Check this box if the appointment of an examiner is requested.
10. Check this box if the appointment of an examiner is requested by the petitioning community services board.
11. Check this box if the appointment of an examiner is requested by another agency or person, and insert name of person or agency.
12. Insert address and telephone number of person or agency requesting the appointment of an examiner.
13. Insert the name, address and telephone number of the recommended examiner.
14. Check this box if involuntary admission to a facility is recommended, and insert name of recommended facility.
15. Check this box if renewal of the mandatory outpatient treatment plan or the discharge plan is recommended. Check the appropriate box and insert information, if applicable.
16. Check this box if additional sheets are attached.
17. Check this box if rescission of the mandatory outpatient treatment order or order authorizing discharge to mandatory outpatient treatment following inpatient treatment is recommended.
18. Insert date when this petition is signed.
19. Signature of petitioner.

**Using This Form**

1. Copies
  - a. Original – to court.
  - b. Second copy – to respondent.
  - c. Additional copy – to respondent’s attorney.
  - d. Additional copy – to facility, if applicable.
2. Prepared by judge or special justice.
3. Attachments
  - a. Form DC-4000, ORDER FOR ALTERNATIVE TRANSPORTATION PROVIDER, only if it is ordered that the respondent is to be transported to the facility by an alternative transportation provider.

**ORDER – REVIEW OF MANDATORY OUTPATIENT TREATMENT**

Commonwealth of Virginia VA. CODE §§ 37.2-817, 37.2-817.1, 37.2-817.2

Case No. **1**

Circuit Court  
 General District Court

**2**  
CITY OR COUNTY

In re **3**  
NAME OF RESPONDENT

ADDRESS CITY STATE ZIP CODE

Petitioner: **4**  
NAME OF PETITIONER

ADDRESS CITY STATE ZIP CODE

A petition for review of the **5**  mandatory outpatient treatment order  order authorizing discharge to mandatory outpatient treatment following inpatient treatment entered on **5** DATE, of which the respondent is the subject, having been filed

pursuant to Virginia Code § 37.2-817 (services) or § 37.2-817.1 (compliance), the court has reviewed the order in accordance with the provisions of § 37.2-817.2 (i) by observing the respondent; (ii) by hearing evidence that the services ordered are unavailable or cannot be provided in accordance with the order or that the respondent has materially failed to comply with the order and of the respondent's current condition; and (iii) by considering the recommendations of any treating physician or psychologist licensed in Virginia, if available, any past actions of the person, any past mental health treatment of the person any examiner's certification, any health records available, the preadmission screening report, and any other relevant evidence that was admitted.

Based upon this review, the court finds

- 6** {  that the ordered services  are unavailable  cannot be provided to the respondent in accordance with the mandatory outpatient treatment order.  
 that respondent  has materially failed to comply  has not materially failed to comply with the  mandatory outpatient treatment order  order authorizing discharge to mandatory outpatient treatment following inpatient treatment.

**7**  The court further finds by clear and convincing evidence that the person meets the criteria for involuntary admission and treatment specified in Virginia Code § 37.2-817 C:

- The person has a mental illness and there is a substantial likelihood that, as a result of mental illness, the person will, in the near future,
  - cause serious physical harm to  himself  others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, or
  - suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs; and
  - all available less restrictive alternatives to involuntary inpatient treatment that would offer an opportunity for the improvement of the person's condition have been investigated and determined to be inappropriate.

Accordingly, the court so certifies and orders the involuntary admission of the respondent

to **8** NAME OF FACILITY, a facility designated by the community services board, for a period of treatment not to exceed 30 days from the date of this order.

The court further orders pursuant to § 37.2-829 that transportation of the person to the facility shall be provided by

**9**  the Sheriff of CITY OR COUNTY

**10**  the alternative transportation provider as designated on the attached form DC-4000, ORDER FOR ALTERNATIVE TRANSPORTATION PROVIDER.

**Data Elements, page one**

1. Insert court case number.
2. Insert court name. Check appropriate box.
3. Insert name and address of respondent.
4. Insert name and address of petitioner.
5. Check appropriate box and insert date of order.
6. Check applicable boxes reflecting findings.
7. Check this box if the respondent meets the criteria for involuntary admission and treatment.
8. Insert name of facility to which the respondent is to be admitted.
9. Check this box if the sheriff is ordered to transport the respondent to the facility named in Data Element No. 8, and insert name of jurisdiction.
10. Check this box if an alternative transportation provider is ordered to transport the respondent to the facility named in Data Element No. 8. Attach form DC-4000, ORDER FOR ALTERNATIVE TRANSPORTATION PROVIDER.

**2**  The court further finds by clear and convincing evidence that the person continues to meet the criteria for mandatory outpatient treatment specified in Virginia Code § 37.2-817 C1, C2, or D in that:

- the person has a mental illness and that there exists a substantial likelihood that, as a result of mental illness, such person will, in the near future,
  - cause serious physical harm to  himself  others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, or
  - suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs; and
- less restrictive alternatives to involuntary inpatient treatment that would offer an opportunity for improvement of the person's condition have been investigated and are determined to be appropriate; and the person has sufficient capacity to understand the stipulations of treatment, has expressed an interest in living in the community and has agreed to abide by his treatment plan, and is deemed to have the capacity to comply with the treatment plan and understand and adhere to conditions and requirements of the treatment and services; and the ordered treatment can be delivered on an outpatient basis by the community services board or designated provider which has agreed to deliver the services, and
- a continued period of mandatory outpatient treatment appears warranted.

Accordingly, the court so certifies and orders that the  **3** mandatory outpatient treatment plan  discharge plan is hereby renewed

**4**  with substantial modifications as set forth in the revised plan, which is attached and incorporated herein.

**5**  with modification(s) .....

**6**  without modification.

**7**  The court finds that neither an order of involuntary admission and treatment nor a mandatory outpatient treatment order is an appropriate disposition, based upon .....

**8**  Additional sheet(s) attached and incorporated by reference.

**9** Accordingly, the  order for mandatory outpatient treatment  order authorizing discharge to mandatory outpatient treatment following inpatient treatment ordered on 9 is hereby rescinded.  
DATE

10

DATE

11

JUDGE  SPECIAL JUSTICE

**AUTHORIZATION FOR DISCLOSURE AND USE OF HEALTH INFORMATION**

Under Virginia Code § 37.2-804.2, any health care provider, as defined in Virginia Code § 32.1-127.1:03, or other provider who has provided or is currently providing services to a person who is the subject of proceedings pursuant to Title 37.2, Chapter 8 of the Code of Virginia must, upon request, disclose to a magistrate, the court, the person's attorney, the person's guardian *ad litem*, the examiner identified to perform an examination of a person who is the subject of a commitment hearing for involuntary admission, the community services board or its designee performing any related evaluation, preadmission screening, or monitoring duties, or a law-enforcement officer any information that is necessary and appropriate for the performance of his duties pursuant to § 37.2-800 et seq. Any health care provider, as defined in § 32.1-127.1:03, or other provider who has provided or is currently evaluating or providing services to a person who is the subject of emergency custody or involuntary temporary detention proceedings must disclose information that may be necessary for the treatment of such person to any other health care provider or other provider evaluating or providing services to or monitoring the treatment of the person. Health records disclosed to a law-enforcement officer must be limited to information necessary to protect the officer, the person, or the public from physical injury or to address the health care needs of the person. Information disclosed to a law-enforcement officer must not be used for any other purpose, disclosed to others, or retained.

Any health care provider disclosing records pursuant to Virginia Code § 37.2-804.2 will be immune from civil liability for any harm resulting from the disclosure, including any liability under the federal Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.), as amended, unless the person or provider disclosing such records intended the harm or acted in bad faith.

**Data Elements, page two**

1. Insert court case number.
2. Check this box if the respondent continues to meet the criteria for mandatory outpatient treatment, and then check the applicable boxes.
3. Check appropriate box reflecting plan being renewed.
4. Check this box if the plan is renewed as set forth in the attached revised plan.
5. Check this box if the plan is renewed with modifications, and specify those modifications.
6. Check this box if the plan is renewed without modification.
7. Check this box if neither involuntary admission and treatment nor mandatory outpatient treatment is appropriate, and specify the basis of that finding.
8. Check this box if additional sheets are attached.
9. Check appropriate box and insert date of order being rescinded.
10. Insert date when this order is issued.
11. Signature of judicial officer entering this order. Check box below signature line indicating title.

**Using This Form**

1. Copies
  - a. Original – to court.
  - b. Second copy – to respondent.
  - c. Additional copy – to respondent’s attorney.
  - d. Additional copy – to examiner.
2. Prepared by judge or special justice.
3. Attachments – none.

**ORDER OF APPOINTMENT OF EXAMINER –  
EXAMINATION FOR INVOLUNTARY TREATMENT**

Commonwealth of Virginia VA. CODE §§ 37.2-815; 37.2-817.2

Case No. 1

2  
CITY/COUNTY

Circuit Court  
 General District Court

In re 3  
NAME OF RESPONDENT

ADDRESS

CITY STATE ZIP CODE ( ) TELEPHONE NUMBER

Current location of respondent, if different:

4  
NAME AND ADDRESS OF FACILITY

CITY STATE ZIP CODE ( ) TELEPHONE NUMBER

**5**  The request for appointment of an examiner pursuant to Virginia Code § 37.2-817.2 B is granted. In accordance with § 37.2-815, the court hereby appoints  the examiner identified by the petitioner

the following examiner 7  
NAME OF EXAMINER

The examiner shall personally examine the person who is the subject of the  mandatory outpatient treatment order  order authorizing discharge to mandatory outpatient treatment following inpatient treatment, the respondent herein, and certify to the court whether or not there is probable cause to believe that the person meets the criteria for involuntary inpatient admission or mandatory outpatient treatment as specified in subsections C, C1, C2, and D of § 37.2-317, and shall include all applicable requirements of § 37.2-815 in the examination.

**9**  The request for appointment of an examiner is denied.

10  
DATE

11  
 JUDGE  SPECIAL JUSTICE

**Data Elements**

1. Insert court case number.
2. Insert court name. Check appropriate box.
3. Insert name, address and telephone number of respondent.
4. Insert name, address and telephone number of facility where respondent is located if different from address in Data Element No. 3.
5. Check this box if the request for the appointment of an examiner is granted.
6. Check this box if the examiner identified by the petitioner is appointed.
7. Check this box if another examiner is appointed, and insert name of that examiner.
8. Indicate applicable order.
9. Check this box if the request for appointment of an examiner is denied.
10. Insert date when this order is issued.
11. Signature of judicial officer entering this order. Check box below signature line indicating title.

**Using This Form**

1. Copies
  - a. Original - to court.
  - b. Second copy – to respondent, if filed by the community services board.  
to community services board, if filed by respondent.
2. Prepared by petitioning community services board or by person who is subject to order.
3. Attachments – none.
4. Preparation details – If petition filed by person who is subject to order, petition cannot be filed earlier than 30 days after entry of the mandatory outpatient treatment order or discharge of the person from involuntary inpatient treatment pursuant to an order authorizing discharge to mandatory outpatient treatment following inpatient treatment. In addition, petition cannot be filed if person who is subject to order has filed another petition for rescission within the past 90 days.

**PETITION FOR RESCISSION OF MANDATORY  
OUTPATIENT TREATMENT**

Commonwealth of Virginia VA. CODE § 37.2-817.3

Case No. ..... **1** .....

Hearing Date ..... **2** .....

..... **3** ..... General District Court  
CITY OR COUNTY

In re ..... **4** .....  
NAME

..... **5** .....  
DATE OF ORDER

.....  
RESIDENCE ADDRESS

.....  
MAILING ADDRESS IF DIFFERENT

.....  
CITY STATE ZIP CODE

.....  
CITY STATE ZIP CODE

..... **6** .....  
EMPLOYEE OF COMMUNITY SERVICES BOARD

(.....) .....  
TELEPHONE NO.

..... **7** .....  
NAME OF COMMUNITY SERVICES BOARD

(.....) .....  
FACSIMILE NO.

.....  
ADDRESS OF COMMUNITY SERVICES BOARD

.....  
CITY STATE ZIP CODE

Filed by **8** [ ] community services board **9** [ ] person subject to order **10** [ ] attorney for .....

.....  
PRINT NAME OF ATTORNEY

.....  
ADDRESS TELEPHONE NO. FACSIMILE NO.

**11** [ ] This petition is filed prior to the expiration of the [ ] mandatory outpatient treatment order [ ] order authorizing discharge to mandatory outpatient treatment following inpatient treatment pursuant to Virginia Code § 37.2-817.3 A by the community services board responsible for monitoring the above-named person's (respondent's) compliance with the [ ] treatment plan [ ] discharge plan, based upon the following:

**14** [ ] The community services board has determined that the respondent has complied with the order and no longer meets the criteria for involuntary treatment [ ] for the following reasons: .....

**15** [ ] for the reasons provided in the attached report, which is incorporated by reference.

**16** Therefore, the petitioner requests that the court rescind the [ ] mandatory outpatient treatment order [ ] order authorizing discharge to mandatory outpatient treatment following inpatient treatment; or, if the court does not agree with this determination, that the court schedule a hearing and provide notice in accordance with § 37.2-817.2 A.

**17** [ ] This petition is filed no earlier than 30 days after the [ ] entry of the mandatory outpatient treatment order [ ] discharge of the person from involuntary inpatient treatment pursuant to an order authorizing discharge to mandatory outpatient treatment following inpatient treatment pursuant to Virginia Code § 37.2-817.3 B by the person who is the subject of the order because such person no longer meets the criteria for mandatory outpatient treatment. This petitioner has not filed a petition for rescission of the order within the past 90 days and requests that the court schedule a hearing on this petition and provide notice in accordance with § 37.2-817.2 A.

..... **19** .....  
DATE

..... **20** .....  
PETITIONER

---

**Data Elements**

1. Insert court case number.
2. Clerk is to insert hearing date, if applicable.
3. Insert court name.
4. Insert name, residence address and mailing address, if different, of person who is subject to order.
5. Insert date of mandatory outpatient treatment order or order authorizing discharge to mandatory outpatient treatment following inpatient treatment.
6. Insert name of employee of community services board.
7. Insert name, address, and telephone and facsimile numbers of community services board.
8. Check this box if petition filed by community services board.
9. Check this box if petition filed by person subject to order.
10. Check this box if petition filed by attorney for person subject to order, and insert name, address, and telephone and facsimile numbers for attorney.
11. Check this box if petition filed by community services board prior to expiration of the relevant order, and check box for Data Element No. 14 or 15.
12. Check appropriate box to indicate relevant order.
13. Check appropriate box to indicate relevant plan.
14. If box for Data Element No. 11 is checked, check this box if respondent has complied with the relevant order and no longer meets the criteria for mandatory outpatient treatment, and check box and insert reasons, if applicable.
15. Check this box if rescission of the relevant order is sought for a reason other than that provided for in Data Element No. 14 and attach report.
16. Check appropriate box to indicate relevant order.
17. Check this box if petition filed by person who is subject to the order.
18. Check appropriate box to indicate relevant order.
19. Insert date on which petition signed.
20. Signature of petitioner.

**Using This Form**

1. Copies
  - a. Original – to court.
  - b. Second copy – to respondent.
  - c. Additional copy – to respondent’s attorney.
  - d. Additional copy – to facility, if applicable.
2. Prepared by judge or special justice.
3. Attachments
  - a. Form DC-4000, ORDER FOR ALTERNATIVE TRANSPORTATION PROVIDER, only if it is ordered that the respondent is to be transported to the facility by an alternative transportation provider.

**ORDER – RESCISSION OF MANDATORY  
OUTPATIENT TREATMENT**

Commonwealth of Virginia VA. CODE § 37.2-817.3

Case No. 1

Hearing Date 2

3  
CITY OR COUNTY [ ] General District Court [ ] Circuit Court

In re: 4  
NAME OF PERSON SUBJECT TO ORDER

ADDRESS  
CITY STATE ZIP CODE (.....) TELEPHONE NUMBER

Pursuant to Virginia Code § 37.2-817.3 [ ] without a hearing [ ] with a hearing, the court has reviewed the petition for rescission of the [ ] mandatory outpatient treatment order [ ] order authorizing discharge to mandatory outpatient treatment following inpatient treatment entered on 7 DATE, of which the above-named person is the subject, and enters the following order:

**8 [ ] ORDER (NO HEARING)**

**9 [ ]** Based upon the reasons provided in the petition to rescind the order filed by the community services board pursuant to § 37.2-817.3 A,

**10 [ ]** The court agrees with the community services board’s determination and, accordingly, finds that the person who is the subject of the order has complied with the order and no longer meets the criteria for involuntary treatment, or that continued mandatory outpatient treatment is no longer necessary for another reason. Therefore, the [ ] mandatory outpatient treatment order [ ] order authorizing discharge to mandatory outpatient treatment following inpatient treatment is rescinded by this order, without a hearing.

**11 [ ]** The court does not agree with the community services board’s determination and, accordingly, the clerk is directed to schedule a hearing in this matter and provide notice in accordance with § 37.2-817.2 A.

**12 [ ]** The court finds that the petition for rescission of the order filed by the person who is the subject of the order pursuant to § 37.2-817.3 B, which may be filed at least 30 days after entry of the mandatory outpatient treatment order or discharge of the person from involuntary inpatient treatment to mandatory outpatient treatment and only once during a 90-day period,

**13 [ ]** was properly filed and, therefore:  
the clerk is directed to schedule a hearing in this matter and provide notice in accordance with § 37.2-817.2 A. AND  
the community services board shall provide a preadmission screening report as required in § 37.2-816.

**14 [ ]** was improperly filed and, therefore, the petition is denied.

15  
DATE

16  
[ ] JUDGE [ ] SPECIAL JUSTICE

**[ ] ORDER (HEARING)**

The court has reviewed the petition for rescission of the [ ] mandatory outpatient treatment order [ ] order authorizing discharge to mandatory outpatient treatment following inpatient treatment by observing the person who is the subject of the order, by considering such person’s current condition and any material noncompliance with the order, and by considering the recommendations of any treating physician or psychologist licensed in Virginia, if available, any past actions of the person any past mental health treatment of the person any examiner’s certification any health records available; the preadmission screening report, and any other relevant evidence that was admitted.

Based upon this review,

**18 [ ]** The court finds that the person who is the subject of the order has complied with the order and no longer meets the criteria for mandatory outpatient treatment, or that continued mandatory outpatient treatment is no longer necessary for another reason and, therefore, the order is hereby rescinded.

---

**Data Elements, page one**

1. Insert court case number.
2. Hearing date to be inserted by the clerk.
3. Insert court name. Check appropriate box.
4. Insert name, address and telephone number of person subject to order.
5. Check applicable box to indicate whether a hearing was held.
6. Indicate type of order.
7. Insert date of order for which rescission is requested.
8. Check this box if a hearing was not held.
9. Check this box if the petition was filed by the community services board, and then check the box for Data Element No. 10 or No. 11.
10. Check this box if the order is rescinded without a hearing and indicate order being rescinded.
11. Check this box if the judicial officer does not agree with petition for rescission and a hearing is ordered.
12. Check this box if the petition was filed by the person subject to the order, and then check the box for Data Element No. 13 or No. 14.
13. Check this box if the petition was properly filed.
14. Check this box if the petition is denied because the petition was not properly filed.
15. Insert date when this order is issued.
16. Signature of judicial officer entering this order. Check box below signature line indicating title.
17. Check this box if a hearing was held and indicate type of order for which rescission is requested.
18. Check this box if the order is rescinded because the person who is subject to the order has complied with the order, and either the person no longer meets the criteria for mandatory outpatient treatment or mandatory outpatient treatment is no longer necessary for another reason.

**2** ] The court finds by clear and convincing evidence that the person meets the criteria for involuntary admission and treatment specified in Virginia Code § 37.2-817 C:

- The person has a mental illness and there is a substantial likelihood that, as a result of mental illness, the person will, in the near future,
  - cause serious physical harm to  himself  others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, or
  - suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs; and
  - all available less restrictive alternatives to involuntary inpatient treatment that would offer an opportunity for the improvement of the person's condition have been investigated and determined to be inappropriate.

Accordingly, the court so certifies and orders the involuntary admission of the respondent

to 3....., a facility designated by the community services board, for a period of treatment not to exceed 30 days from the date of this order.  
NAME OF FACILITY

The court further orders pursuant to § 37.2-829 that transportation of the person to the facility shall be provided by

**4**  the Sheriff of .....  
CITY OR COUNTY

**5**  the alternative transportation provider as designated on the attached form DC-4000, ORDER FOR ALTERNATIVE TRANSPORTATION PROVIDER.

**6** ] The court finds by clear and convincing evidence that the person continues to meet the criteria for mandatory outpatient treatment specified in Virginia Code § 37.2-817 D in that:

- the person has a mental illness and that there exists a substantial likelihood that, as a result of mental illness, such person will, in the near future,
  - cause serious physical harm to  himself  others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, or
  - suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs; and
- less restrictive alternatives to involuntary inpatient treatment that would offer an opportunity for improvement of the person's condition have been investigated and are determined to be appropriate; and the person has sufficient capacity to understand the stipulations of treatment, has expressed an interest in living in the community and has agreed to abide by his treatment plan, and is deemed to have the capacity to comply with the treatment plan and understand and adhere to conditions and requirements of the treatment and services; and the ordered treatment can be delivered on an outpatient basis by the community services board or designated provider which has agreed to deliver the services, and

a continued period of mandatory outpatient treatment appears warranted. **7**  
Accordingly, the court so certifies and orders that the  7 mandatory outpatient treatment plan  discharge plan is hereby renewed

**8**  with substantial modifications as set forth in the revised plan, which is attached and incorporated herein.

**9**  with modification(s) .....

**10**  without modification.

**11**

DATE

**12**

JUDGE  SPECIAL JUSTICE

---

**Data Elements, page two**

1. Insert court case number.
2. Check this box if the respondent meets the criteria for involuntary admission and treatment, and then check applicable boxes.
3. Insert name of facility to which the respondent is to be admitted.
4. Check this box if the sheriff is ordered to transport the respondent to the facility named in Data Element No. 3, and insert name of jurisdiction.
5. Check this box if an alternative transportation provider is ordered to transport the respondent to the facility named in Data Element No. 3. Attach form DC-4000, ORDER FOR ALTERNATIVE TRANSPORTATION PROVIDER.
6. Check this box if the respondent continues to meet the criteria for mandatory outpatient treatment, and then check the applicable boxes.
7. Indicate type of plan being renewed.
8. Check this box if the plan is renewed as set forth in the attached revised plan.
9. Check this box if the plan is renewed with modifications, and specify those modifications.
10. Check this box if the plan is renewed without modification.
11. Insert date when this order is issued.
12. Signature of judicial officer entering this order. Check box below signature line indicating title.

## **AUTHORIZATION FOR DISCLOSURE AND USE OF HEALTH INFORMATION**

Under Virginia Code § 37.2-804.2, any health care provider, as defined in Virginia Code § 32.1-127.1:03, or other provider who has provided or is currently providing services to a person who is the subject of proceedings pursuant to Title 37.2, Chapter 8 of the Code of Virginia must, upon request, disclose to a magistrate, the court, the person's attorney, the person's guardian *ad litem*, the examiner identified to perform an examination of a person who is the subject of a commitment hearing for involuntary admission, the community services board or its designee performing any related evaluation, preadmission screening, or monitoring duties, or a law-enforcement officer any information that is necessary and appropriate for the performance of his duties pursuant to § 37.2-800 et seq. Any health care provider, as defined in § 32.1-127.1:03, or other provider who has provided or is currently evaluating or providing services to a person who is the subject of emergency custody or involuntary temporary detention proceedings must disclose information that may be necessary for the treatment of such person to any other health care provider or other provider evaluating or providing services to or monitoring the treatment of the person. Health records disclosed to a law-enforcement officer must be limited to information necessary to protect the officer, the person, or the public from physical injury or to address the health care needs of the person. Information disclosed to a law-enforcement officer must not be used for any other purpose, disclosed to others, or retained.

Any health care provider disclosing records pursuant to Virginia Code § 37.2-804.2 will be immune from civil liability for any harm resulting from the disclosure, including any liability under the federal Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.), as amended, unless the person or provider disclosing such records intended the harm or acted in bad faith.

**Using This Form**

1. Copies
  - a. Original - to court.
  - b. Second copy – to respondent.
2. Prepared by petitioner.
3. Attachments –
  - a. A document signed by the respondent indicating the respondent is joining in the petition, if applicable.
  - b. A document signed by an employee of the monitoring community services board indicating the employee of that community services board is joining in the petition, if applicable.

**PETITION TO CONTINUE MANDATORY  
OUTPATIENT TREATMENT**

Commonwealth of Virginia VA. CODE § 37.2-817.4

Case No. ..... **1**

Hearing Date ..... **2**

..... **3** ..... General District Court  
CITY OR COUNTY

In re ..... **4** .....  
NAME OF RESPONDENT

..... RESIDENCE ADDRESS ..... MAILING ADDRESS IF DIFFERENT .....  
CITY STATE ZIP CODE CITY STATE ZIP CODE

..... **5** .....  
NAME OF PETITIONER PETITIONER'S RELATIONSHIP TO RESPONDENT

..... **6** ..... (.....) .....  
NAME OF AGENCY OR FACILITY OF PETITIONER FACSIMILE NUMBER

..... ADDRESS OF PETITIONER ..... (.....) .....  
CITY STATE ZIP CODE TELEPHONE NUMBER

..... **7** .....  
This petition is filed pursuant to Virginia Code § 37.2-817.4, within 30 days prior to the expiration of the [ ] mandatory outpatient treatment order [ ] order authorizing discharge to mandatory outpatient treatment following inpatient treatment entered on ..... **8** ..... , to continue such order, of which the respondent is the subject, for a period of ..... **9** ..... (not to exceed 180 days).  
DATE OF ORDER NO. OF DAYS

..... **10** ..... DATE ..... **11** ..... PETITIONER

**12** [ ] Check this box and complete this section only if the petitioner is the treating physician or other responsible person, and both the respondent and the community services board join the petition.

**13** [ ] Respondent. I intend by my signature [ ] below [ ] on the attached sheet, which is incorporated by reference, to signify that I join this petition to continue the [ ] mandatory treatment order [ ] order authorizing discharge to mandatory outpatient treatment following inpatient treatment, of which I am the subject.

..... **15** ..... **14** ..... **16** .....  
DATE SIGNATURE OF RESPONDENT

..... **17** ..... **18** .....  
DATE SIGNATURE OF WITNESS

..... **19** .....  
PRINT NAME OF WITNESS ADDRESS TELEPHONE NO.

**20** [ ] Community Services Board Employee. My signature [ ] below [ ] on the attached sheet, which is incorporated by reference, is intended to signify that I join this petition to continue the [ ] mandatory treatment order [ ] order authorizing discharge to mandatory outpatient treatment following inpatient treatment, for which I have monitoring responsibility.

..... **22** ..... **21** ..... **23** .....  
DATE SIGNATURE OF COMMUNITY SERVICES BOARD EMPLOYEE

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**Data Elements**

1. Insert court case number.
2. Hearing date to be inserted by the clerk.
3. Insert court name.
4. Insert name, residence address and mailing address, if different, of respondent.
5. Insert name of petitioner, and nature of petitioner's relationship to respondent.
6. Insert name of agency/facility, address and telephone and facsimile numbers for petitioner.
7. Check appropriate box.
8. Insert date of order checked in Data Element No. 7.
9. Insert number of days for which it is requested that the order checked in Data Element No. 7 be continued.
10. Insert date signed by petitioner.
11. Signature of petitioner.
12. Check this box if the petitioner is the treating physician or other responsible person, and the respondent and the community services board both join in the petition.
13. Check this box if the respondent joins in the petition. Check the applicable box regarding the respondent's signature.
14. Check appropriate box.
15. Insert date signed by respondent, if applicable.
16. Signature of respondent, if applicable.
17. Insert date signed by witness, if document not attached.
18. Signature of witness, if document not attached.
19. Insert name, address and telephone number of witness, if document not attached.
20. Check this box if the community services board joins in the petition. Check the applicable box regarding the signature of the employee of the community services board.
21. Check appropriate box.
22. Insert date signed by community services board employee, if applicable.
23. Signature of community services board employee, if applicable.

**Using This Form**

1. Copies
  - a. Original – to court.
  - b. Second copy – to respondent.
  - c. Additional copy – to respondent’s attorney.
  - d. Additional copy – to facility, if applicable.
2. Prepared by judge or special justice.
3. Attachments
  - a. Form DC-4000, ORDER FOR ALTERNATIVE TRANSPORTATION PROVIDER, only if it is ordered that the respondent is to be transported to the facility by an alternative transportation provider.

**ORDER – CONTINUE MANDATORY  
OUTPATIENT TREATMENT**

Commonwealth of Virginia VA. CODE § 37.2-817.4

Case No. **1** .....

Hearing Date **2** .....

..... **3** ..... [ ] General District Court [ ] Circuit Court  
CITY OR COUNTY

In re ..... **4** ..... **5** .....  
NAME OF RESPONDENT DATE OF ORDER

.....  
RESIDENCE ADDRESS MAILING ADDRESS IF DIFFERENT

.....  
CITY STATE ZIP CODE CITY STATE ZIP CODE

Pursuant to Virginia Code § 37.2-817.4 [ ] without a hearing [ ] with a hearing, the court has reviewed the petition to continue the [ ] mandatory outpatient order [ ] order authorizing discharge to mandatory outpatient treatment following inpatient treatment entered on **8** ..... of which the above-named person is the subject, and enters the following order.  
DATE OF ORDER **7**

**9 [ ] ORDER (NO HEARING)**

**10 [ ]** Having reviewed the petition filed in this matter by the treating physician or other responsible person, the court finds that the respondent and the community services board have both joined the petition. Accordingly, pursuant to Virginia Code § 37.2-817.4 B, the petition is granted, the [ ] mandatory outpatient treatment order [ ] order authorizing discharge to mandatory outpatient treatment following inpatient treatment is continued for **11** ..... days, and the [ ] mandatory outpatient treatment plan [ ] discharge plan is hereby renewed.

**12 [ ]** with substantial modifications as set forth in the revised plan, which is attached and incorporated herein.

**13 [ ]** with modification(s) .....

**14 [ ]** without modification.

**15 [ ]** Having reviewed the petition filed in this matter and finding pursuant to § 37.2-817.4 B that a hearing is required, the court

- 1. Directs the clerk to schedule a hearing in this matter and to provide notice in accordance with § 37.1-817.2 A.
- 2. Orders the community services board to provide a preadmission screening report as required in § 37.2-816.
- 3. Appoints an examiner pursuant to § 37.2-817.2 B, who shall personally examine the respondent pursuant to § 37.2-817 C and certify to the court whether or not the examiner has probable cause to believe that the respondent meets the criteria for involuntary inpatient admission or mandatory outpatient treatment as specified in § 37.2-817 C, C1, C2, and D.

..... **16** .....  
NAME AND ADDRESS OF EXAMINER

..... (.....) .....  
CITY STATE ZIP CODE TELEPHONE NUMBER

..... **17** .....  
DATE

..... **18** .....  
[ ] JUDGE [ ] SPECIAL JUSTICE

**19 [ ] ORDER (HEARING)**

The court has reviewed the petition to continue the [ ] mandatory outpatient treatment order [ ] order authorizing discharge to mandatory outpatient treatment following inpatient treatment by observing the respondent, reviewing the preadmission screening report, considering the appointed examiner’s certification and any material noncompliance with the mandatory treatment order, and by considering the recommendations of any treating physician or psychologist licensed in Virginia, if available, any past actions of the person, any past mental health treatment of the person, any health records available, and any other relevant evidence that was admitted.

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**Data Elements, page one**

1. Insert court case number.
2. Hearing date to be inserted by the clerk.
3. Insert court name. Check appropriate box.
4. Insert name, residence address and mailing address, if different, of respondent.
5. Insert date of order for which a petition to continue treatment has been filed.
6. Check applicable box to indicate whether a hearing was held.
7. Check applicable box to indicate type of order.
8. Insert date of order for which a petition to continue treatment has been filed.
9. Check this box if a hearing was not held.
10. Check this box if the respondent and the community services board both joined the petition.
11. Insert the number of days for which the order is continued.
12. Check this box if the plan is renewed as set forth in the attached revised plan.
13. Check this box if the plan is renewed with modifications, and specify those modifications.
14. Check this box if the plan is renewed without modification.
15. Check this box if a hearing is required.
16. Insert name, address and telephone number of appointed examiner.
17. Insert date when this order is issued.
18. Signature of judicial officer entering this order. Check box below signature line indicating title.
19. Check this box if a hearing was held. Check applicable box to indicate type of order for which a petition to continue treatment has been filed.

Based upon this review,

The court finds by clear and convincing evidence that the person meets the criteria for involuntary admission and treatment specified in § 37.2-817 C:

**2**

- The person has a mental illness and there is a substantial likelihood that, as a result of mental illness, the person will, in the near future,
  - cause serious physical harm to  himself  others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, or
  - suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs; and
  - all available less restrictive alternatives to involuntary inpatient treatment that would offer an opportunity for the improvement of the person's condition have been investigated and determined to be inappropriate.

Accordingly, the court so certifies and orders the involuntary admission of the respondent

to 3, a facility designated by the community services board, for a period of treatment not to exceed 30 days from the date of this order.

NAME OF FACILITY

The court further orders pursuant to § 37.2-829 that transportation of the person to the facility shall be provided by

**4**  the Sheriff of \_\_\_\_\_

CITY OR COUNTY

**5**  the alternative transportation provider as designated on the attached form DC-4000, ORDER FOR ALTERNATIVE TRANSPORTATION PROVIDER.

The court finds by clear and convincing evidence that the person continues to meet the criteria for mandatory outpatient treatment specified in § 37.2-817 D in that:

**6**

- the person has a mental illness and that there exists a substantial likelihood that, as a result of mental illness, such person will, in the near future,
  - cause serious physical harm to  himself  others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, or
  - suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs; and
- less restrictive alternatives to involuntary inpatient treatment that would offer an opportunity for improvement of the person's condition have been investigated and are determined to be appropriate; and the person has sufficient capacity to understand the stipulations of treatment, has expressed an interest in living in the community and has agreed to abide by his treatment plan, and is deemed to have the capacity to comply with the treatment plan and understand and adhere to conditions and requirements of the treatment and services; and the ordered treatment can be delivered on an outpatient basis by the community services board or designated provider which has agreed to deliver the services, and
- a continued period of mandatory outpatient treatment appears warranted.

Accordingly, the court so certifies and orders that the  mandatory outpatient treatment plan  discharge plan is hereby renewed

**8**  with substantial modifications as set forth in the revised plan, which is attached and incorporated herein.

**9**  with modification(s) \_\_\_\_\_

**10**  without modification.

**11**  The court finds that that the person who is the subject of the order no longer meets the criteria for mandatory outpatient treatment and, therefore, the order is hereby rescinded.

12

DATE

13

JUDGE  SPECIAL JUSTICE

---

**Data Elements, page two**

1. Insert court case number.
2. Check this box if the respondent meets the criteria for involuntary admission and treatment, and then check applicable boxes.
3. Insert name of facility to which the respondent is to be admitted.
4. Check this box if the sheriff is ordered to transport the respondent to the facility named in Data Element No. 3, and insert name of jurisdiction.
5. Check this box if an alternative transportation provider is ordered to transport the respondent to the facility named in Data Element No. 3. Attach form DC-4000, ORDER FOR ALTERNATIVE TRANSPORTATION PROVIDER.
6. Check this box if the respondent continues to meet the criteria for mandatory outpatient treatment, and then check the applicable boxes.
7. Check applicable box indicating type of plan being renewed.
8. Check this box if the plan is renewed as set forth in the attached revised plan.
9. Check this box if the plan is renewed with modifications, and specify those modifications.
10. Check this box if the plan is renewed without modification.
11. Check this box if the respondent no longer meets the criteria for mandatory outpatient treatment, and the order is rescinded.
12. Insert date when this order is issued.
13. Signature of judicial officer entering this order. Check box below signature line indicating title.

## **AUTHORIZATION FOR DISCLOSURE AND USE OF HEALTH INFORMATION**

Under Virginia Code § 37.2-804.2, any health care provider, as defined in Virginia Code § 32.1-127.1:03, or other provider who has provided or is currently providing services to a person who is the subject of proceedings pursuant to Title 37.2, Chapter 8 of the Code of Virginia must, upon request, disclose to a magistrate, the court, the person's attorney, the person's guardian *ad litem*, the examiner identified to perform an examination of a person who is the subject of a commitment hearing for involuntary admission, the community services board or its designee performing any related evaluation, preadmission screening, or monitoring duties, or a law-enforcement officer any information that is necessary and appropriate for the performance of his duties pursuant to § 37.2-800 et seq. Any health care provider, as defined in § 32.1-127.1:03, or other provider who has provided or is currently evaluating or providing services to a person who is the subject of emergency custody or involuntary temporary detention proceedings must disclose information that may be necessary for the treatment of such person to any other health care provider or other provider evaluating or providing services to or monitoring the treatment of the person. Health records disclosed to a law-enforcement officer must be limited to information necessary to protect the officer, the person, or the public from physical injury or to address the health care needs of the person. Information disclosed to a law-enforcement officer must not be used for any other purpose, disclosed to others, or retained.

Any health care provider disclosing records pursuant to Virginia Code § 37.2-804.2 will be immune from civil liability for any harm resulting from the disclosure, including any liability under the federal Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.), as amended, unless the person or provider disclosing such records intended the harm or acted in bad faith.

**Using This Form**

1. Copies
  - a. Original – to court.
  - b. Second copy – to petitioner.
2. Prepared by judge.
3. Attachments – none.

**TRACKING DOCUMENT FOR SENDING  
OR RECEIVING MANDATORY OUTPATIENT  
TREATMENT ORDER UPON ENTRY**

Commonwealth of Virginia VA. CODE § 37.2-817

Case No. 1

2 General District Court  
CITY OR COUNTY

MAILING ADDRESS OF COURT FACSIMILE NUMBER

In re 3  
NAME OF RESPONDENT CURRENT LOCATION OF RESPONDENT

RESIDENCE ADDRESS OF RESPONDENT MAILING ADDRESS IF DIFFERENT

CITY STATE ZIP CODE CITY STATE ZIP CODE

4  
COMMUNITY SERVICES BOARD SERVING THE JURISDICTION OF THIS COURT (.....) FACSIMILE NUMBER

CITY STATE ZIP CODE (.....) TELEPHONE NUMBER

This form is for use by community services boards and clerks of court in satisfying the requirements of subsection I of Virginia Code § 37.2-817 upon the entry of a mandatory outpatient treatment order. Use one check box to indicate what you are documenting or acknowledging, complete the signature portion of the form, and transmit to the next or last signatory, as applicable.

**An Order for Mandatory Outpatient Treatment Plan has been entered and this form is being used as indicated below.**

**5** [ ] Clerk of Court – This is to document providing a copy of the mandatory outpatient treatment order entered on 6 to the respondent, to the respondent’s attorney, and to the community services board responsible for monitoring the respondent’s compliance with the mandatory outpatient treatment plan.  
DATE OF ENTRY

**7** [ ] Community Services Board – This is to acknowledge receipt of the mandatory outpatient treatment order to the clerk of court. (Receipt must be acknowledged within five business days of receiving the order for the clerk.)

**8** [ ] Clerk of Court – This is to document receiving and filing the community services board’s acknowledgement of receipt of the mandatory outpatient treatment order.

10

PRINT NAME OF CLERK

9

DATE

by

11

SIGNATURE OF [ ] CLERK [ ] DEPUTY CLERK

12

DATE

14

SIGNATURE OF CSB EMPLOYEE

13

PRINT NAME

for

13

COMMUNITY SERVICES BOARD

16

PRINT NAME OF CLERK

15

DATE

by

17

SIGNATURE OF [ ] CLERK [ ] DEPUTY CLERK

---

**Data Elements**

1. Insert court case number.
2. Insert name, mailing address and facsimile number of court.
3. Insert name, current location, residence address and mailing address, if different, of respondent.
4. Insert name, address and telephone and facsimile numbers of community services board serving the jurisdiction of the court listed in Data Element No. 2.
5. Check this box indicating that copies of the mandatory outpatient treatment order have been provided to the individuals and agencies listed.
6. Insert date of mandatory outpatient treatment order.
7. **To be filled out by community services board.** Check this box to acknowledge receipt of the mandatory outpatient treatment order.
8. Check this box indicating that the clerk received and filed the acknowledgment of receipt of the mandatory outpatient treatment order from the community services board.
9. Insert date signed by clerk indicating that copies of the mandatory outpatient treatment order were provided as required.
10. Insert name of clerk.
11. Signature of clerk. Check appropriate box below signature line indicating title.
12. **To be filled out by community services board.** Insert date on which receipt of mandatory outpatient treatment order was acknowledged.
13. **To be filled out by community services board.** Insert name of employee of community services board acknowledging receipt, and name of community services board.
14. **To be filled out by community services board.** Signature of employee of community services board.
15. Insert date clerk received and filed acknowledgment of receipt from community services board.
16. Insert name of clerk.
17. Signature of clerk. Check appropriate box below signature line indicating title.

**Using This Form**

1. Copies
  - a. Original – to court.
  - b. Second copy – to court to which case is being transferred.
  - c. Additional copy – to community services board serving jurisdiction of court to which case is being transferred.
2. Prepared by clerks and employees of community services boards.
3. Attachments – none.

**TRACKING DOCUMENT FOR SENDING  
OR RECEIVING MANDATORY OUTPATIENT  
TREATMENT ORDER UPON TRANSFER**

Case No. ..... **1** .....

Commonwealth of Virginia VA. CODE § 37.2-817

..... **2** ..... General District Court  
CITY OR COUNTY

MAILING ADDRESS OF COURT ..... FACSIMILE NUMBER .....

In re ..... **3** .....  
NAME OF RESPONDENT CURRENT LOCATION OF RESPONDENT

RESIDENCE ADDRESS OF RESPONDENT ..... MAILING ADDRESS IF DIFFERENT .....

CITY STATE ZIP CODE CITY STATE ZIP CODE

..... **4** .....  
COMMUNITY SERVICES BOARD SERVING THE JURISDICTION OF THIS COURT (.....) FACSIMILE NUMBER

.....  
CITY STATE ZIP CODE (.....) TELEPHONE NUMBER

This form is for use by community services boards and clerks of court in satisfying the requirements of subsection J of Virginia Code § 37.2-817 upon transfer of jurisdiction of a case in which a mandatory outpatient treatment order was entered to the general district court in the locality where the person who is the subject of the order resides. Use one check box to indicate what you are documenting or acknowledging, complete the signature portion of the form, and transmit to the next or last signatory, as applicable.

**An Order for Transfer of Jurisdiction Pursuant to Va. Code § 37.2-817 J has been entered in the above-styled case and this form is being used as indicated below.**

Note: The "Transferor" court is the court that is transferring the case to another jurisdiction, and the "Transferee" court is the court to which the case is being transferred.

- 5** [ ] Clerk of Transferee Court – This is to document receiving the court case file and the order for transfer of jurisdiction of the case, in which an order for mandatory outpatient treatment was entered by the transferor court on ..... **6** ....., and to notify that court of such receipt.
- 7** [ ] Community Services Board (Transferee Jurisdiction) – This is to acknowledge to the transferor court receipt of the mandatory outpatient treatment order and the order to transfer jurisdiction of the case, and to document sending a copy of this acknowledgement to the community services board serving the jurisdiction of the transferor court.  
(Receipt must be acknowledged within five business days of receiving the order from the clerk.)
- 8** [ ] Community Services Board (Transferor Jurisdiction) – This is to notify the transferee community services board of receipt of the copy of its acknowledgement of receipt of the mandatory outpatient treatment order and transfer order.
- 9** [ ] Clerk of Transferor Court – This is to document receiving and filing the acknowledgement of the community services board serving the jurisdiction of the transferee court and notifying the community services board serving this jurisdiction that the case and mandatory outpatient treatment order have been transferred.

..... **11** .....  
PRINT NAME OF CLERK  
by ..... **12** .....  
SIGNATURE OF [ ] CLERK [ ] DEPUTY CLERK

..... **13** .....  
DATE  
..... **14** .....  
PRINT NAME OF EMPLOYEE  
for ..... **15** .....  
SIGNATURE OF CSB EMPLOYEE  
..... **14** .....  
COMMUNITY SERVICES BOARD

..... **16** .....  
DATE  
..... **17** .....  
PRINT NAME OF EMPLOYEE  
for ..... **18** .....  
SIGNATURE OF CSB EMPLOYEE  
..... **17** .....  
COMMUNITY SERVICES BOARD

..... **20** .....  
PRINT NAME OF CLERK  
by ..... **21** .....  
SIGNATURE OF [ ] CLERK [ ] DEPUTY CLERK

---

**Data Elements**

1. Insert court case number.
2. Insert name, mailing address and facsimile number of court.
3. Insert name, current location, residence address and mailing address, if different, of respondent.
4. Insert name, address and telephone and facsimile numbers of community services board serving the jurisdiction of the court indicated in Data Element No. 2.
5. **To be filled out by clerk of transferee court.** Check this box to indicate to the transferor court that the court case file and the order for transfer of jurisdiction were received. Fill out Data Element Nos. 10-12.
6. Insert date of mandatory outpatient treatment order.
7. **To be filled out by community services board of transferee jurisdiction.** Check this box to indicate to the transferor court that the mandatory outpatient treatment order and the order for transfer of jurisdiction were received, and to document that a copy of this acknowledgment was sent to the community services board of the transferor court. Fill out Data Element Nos. 13-15.
8. **To be filled out by community services board of transferor jurisdiction.** Check this box to indicate to the community services board of the transferee court that a copy of the acknowledgment of receipt was received, and then fill out Data Element Nos. 16-18.
9. **To be filled out by clerk of transferor court.** Check this box to document that the acknowledgment of the community services board of the transferee court was received and filed, and to notify the community services board of the transferor court that the case has been transferred. Fill out Data Element Nos. 19-21.
10. Insert date signed by clerk or deputy clerk.
11. Print name of clerk.
12. Signature of clerk or deputy clerk. Check appropriate box below signature line indicating title.
13. Insert date signed by employee of community services board.
14. Print name of employee and name of community services board.
15. Signature of employee of community services board.
16. Insert date signed by employee of community services board.
17. Print name of employee and name of community services board.
18. Signature of employee of community services board.
19. Insert date signed by clerk or deputy clerk.
20. Print name of clerk.
21. Signature of clerk or deputy clerk. Check appropriate box below signature line indicating title.

**Using This Form**

1. Copies
  - a. Original – to court.
  - b. Second copy – to court to which case is being transferred.
  - c. Additional copy – to community services board serving jurisdiction of court to which case is being transferred.
2. Prepared by judge or special justice.
3. Attachments

A copy of the current mandatory outpatient treatment order or order authorizing discharge to mandatory outpatient treatment should be sent with this form to the community services board serving the jurisdiction of the court to which the case is being transferred.

**ORDER – TRANSFER OF JURISDICTION  
PURSUANT TO VA. CODE § 37.2-817 J**  
Commonwealth of Virginia VA. CODE § 37.2-817

Case No. 1

2 \_\_\_\_\_ General District Court  
CITY OR COUNTY

MAILING ADDRESS OF COURT \_\_\_\_\_ FACSIMILE NUMBER \_\_\_\_\_

In re 3 \_\_\_\_\_  
SUBJECT OF ORDER \_\_\_\_\_ CURRENT LOCATION OF THE PERSON \_\_\_\_\_

RESIDENCE ADDRESS OF THE PERSON \_\_\_\_\_ MAILING ADDRESS IF DIFFERENT \_\_\_\_\_

CITY STATE ZIP CODE CITY STATE ZIP CODE

4 \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
COMMUNITY SERVICES BOARD SERVING THE JURISDICTION OF THIS COURT FACSIMILE NUMBER

CITY STATE ZIP CODE ( \_\_\_\_\_ ) \_\_\_\_\_  
TELEPHONE NUMBER

5 { The court having entered a [ ] mandatory outpatient treatment order [ ] order authorizing discharge to mandatory outpatient treatment following inpatient treatment in the above-styled case on \_\_\_\_\_, this case is hereby transferred to the General District Court of \_\_\_\_\_, the locality in which the person who is the subject of the order resides.

The Community Services Board named above shall remain responsible for monitoring the person's compliance with the mandatory outpatient treatment plan or discharge plan until the community services board serving the locality to which jurisdiction of the case has been transferred acknowledges that transfer and that receipt of the order establishing the plan to the clerk of this court.

6 \_\_\_\_\_ 7 \_\_\_\_\_  
DATE [ ] JUDGE [ ] SPECIAL JUSTICE

**FOR TRANSFEROR COURT CLERK'S OFFICE USE**

Case file sent to the transferee court and copy of the mandatory outpatient treatment order or order authorizing discharge to mandatory outpatient treatment following inpatient treatment and transfer order provided to the community services board serving the jurisdiction of the transferee court at the following addresses:

8 \_\_\_\_\_ 10 \_\_\_\_\_  
CITY OR COUNTY OF GENERAL DISTRICT COURT COMMUNITY SERVICES BOARD

9 \_\_\_\_\_ 11 \_\_\_\_\_  
STREET ADDRESS OF COURT STREET ADDRESS OF COMMUNITY SERVICES BOARD

MAILING ADDRESS IF DIFFERENT MAILING ADDRESS IF DIFFERENT

CITY STATE ZIP CODE CITY STATE ZIP CODE

TELEPHONE NO. FACSIMILE NO. TELEPHONE NO. FACSIMILE NO.

12 \_\_\_\_\_ 13 \_\_\_\_\_  
DATE [ ] CLERK [ ] DEPUTY CLERK

---

**Data Elements**

1. Insert court case number.
2. Insert name, mailing address and facsimile number of court.
3. Insert name, current location, residence address and mailing address, if different, of person subject to order.
4. Insert name, address and telephone and facsimile numbers of community services board serving the jurisdiction of the court listed in Data Element No. 2.
5. Check applicable box, and insert date of order and name of court to which the case is being transferred.
6. Insert date when this order is issued.
7. Signature of judicial officer entering this order. Check box below signature line indicating title.
8. Insert name of court to which the case is being transferred.
9. Insert street address, mailing address if different, and telephone and facsimile numbers of the court to which the case is being transferred.
10. Insert name of community services board serving the jurisdiction of the court to which the case is being transferred.
11. Insert street address, mailing address if different, and telephone and facsimile numbers of the community services board named in Data Element No. 10.
12. Insert date signed by clerk or deputy clerk.
13. Signature of clerk or deputy clerk. Check appropriate box below signature line indicating title.

**Using This Form**

1. Copies
  - a. Original – to court.
  - b. Second copy – to respondent.
  - c. Additional copy – to community service board evaluator conducting evaluation.
2. Prepared by magistrate, judge or special justice.
3. Attachments – none.

# CAPIAS: TRANSPORT AND MANDATORY EXAMINATION ORDER

Commonwealth of Virginia

VA. CODE § 37.2-817.2(B)

..... **1** ..... General District Court  
CITY OR COUNTY

.....  
STREET ADDRESS OF COURT

**TO:** ..... **2** .....  
PRIMARY LAW-ENFORCEMENT AGENCY

**3** { WHEREAS a [ ] mandatory outpatient treatment order [ ] an order authorizing discharge to mandatory outpatient treatment following inpatient treatment was issued on ..... **3** .....  
DATE

with respect to Respondent and whereas the Respondent has failed to comply with the requirements of that order by refusing or failing to appear to submit to examination pursuant to § 37.2-817.2(B) to determine whether there is probable cause to believe that the Respondent meets the criteria for involuntary treatment admission or mandatory outpatient treatment, **THEREFORE**, you are hereby commanded in the name of the Commonwealth forthwith to detain the Respondent and transport the Respondent to:

..... **4** .....  
NAME AND ADDRESS OF MEDICAL EXAMINATION LOCATION

for mandatory examination. You must retain custody of the Respondent until a temporary detention order is issued or until the Respondent is released by the evaluator but in no event shall the period of custody exceed four hours from the time of execution.

..... **5** .....  
DATE AND TIME OF ISSUANCE

..... **6** .....  
[ ] MAGISTRATE [ ] JUDGE [ ] SPECIAL JUSTICE

EXECUTED by detaining the Respondent named above on this day:

..... **12** .....  
DATE AND TIME

..... **13** ..... , DETAINING OFFICER

..... **14** .....  
BADGE NO., AGENCY AND JURISDICTION

for ..... **15** .....

Respondent examination completed: by ..... **17** .....  
NAME OF EXAMINER

..... **16** .....  
DATE AND TIME

..... **18** .....  
MEDICAL EXAMINATION LOCATION

(.....) ..... **19** .....  
TELEPHONE NUMBER

..... **20** .....  
SIGNATURE

CASE NO. **7**

DETAIN THIS RESPONDENT:

..... **8** .....  
LAST NAME, FIRST NAME, MIDDLE NAME

..... **9** .....  
STREET ADDRESS

.....

**10** COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			

.....

**CAPIAS: TRANSPORT AND MANDATORY EXAMINATION ORDER**

.....

*In re*

..... **11** .....

.....

.....

**Data Elements**

1. Insert court name and street address
2. Insert name of the primary law enforcement agency.
3. Check the applicable box and insert date of order.
4. Insert name and address of location where medical examination will occur.
5. Insert date and time when this order is issued.
6. Signature of judicial officer entering this order. Check box below signature line indicating title.
7. Insert court case number.
8. Insert name of respondent.
9. Insert street address of respondent.
10. Insert identifying information for the respondent, if known.
11. Insert name of respondent.
12. Insert date and time respondent detained.
13. Signature of officer detaining respondent.
14. Insert badge number, agency and jurisdiction that employs the officer.
15. If executed by a deputy sheriff, print or type name of sheriff.
16. Insert date and time examination of respondent completed.
17. Insert name of examiner.
18. Insert location where medical examination was performed.
19. Insert telephone number of location where medical examination was performed.
20. Signature of person who completed examination.

**Using This Form**

1. Copies
  - a. Original - to court.
  - b. Second copy – to respondent.
2. Prepared by petitioner.
3. Attachments – none.

APPLICATION FOR COPY OF RECORDING OF COMMITMENT HEARING

Case No. 1

Commonwealth of Virginia VA. CODE § 37.2-818

2

CITY OR COUNTY

General District Court

In re: 3 PRINT FULL NAME OF APPLICANT

4 STREET ADDRESS OF APPLICANT

MAILING ADDRESS IF DIFFERENT

CITY STATE ZIP CODE

( ) TELEPHONE NUMBER

This application is filed by 5 the subject of the hearing 6 the attorney for the subject of the hearing pursuant to Virginia Code § 37.2-818 A to obtain a copy of the tape or other audio recording of the commitment hearing for involuntary admission, which was held on 7 at 7 DATE OF HEARING LOCATION OF HEARING (IF KNOWN)

8 DATE

9 SIGNATURE OF APPLICANT [ ] SUBJECT OF HEARING [ ] ATTORNEY

10 DATE

11 SIGNATURE OF WITNESS (OF SIGNATURE OF SUBJECT OF HEARING)

12 PRINT NAME OF WITNESS ADDRESS TELEPHONE NUMBER

13 PRINT NAME OF ATTORNEY ADDRESS TELEPHONE NUMBER

CLERK'S OFFICE USE

14 [ ] Copy made and delivered to applicant in person on DATE

15 [ ] Copy made and delivered to applicant by mail on DATE

16 [ ] Notified applicant that a recording of applicant's commitment hearing is not available from this court because

17 DATE

18 [ ] CLERK [ ] DEPUTY CLERK

---

**Data Elements**

1. Insert court case number.
2. Insert court name.
3. Insert full name of applicant.
4. Insert street address, mailing address if different and telephone number of applicant.
5. Check this box if applicant is the subject of the commitment hearing.
6. Check this box if applicant is the attorney for the subject of the commitment hearing.
7. Insert date of commitment hearing for involuntary admission, and location of hearing if known.
8. Insert date signed by applicant.
9. Signature of applicant. Check the applicable box indicating whether the subject of the hearing or the attorney is the applicant.
10. Insert date signed by witness to signature of person who was the subject of the hearing.
11. Signature of witness to signature of person who was the subject of the hearing.
12. Insert name, address and telephone number of witness.
13. Insert name, address and telephone number of attorney.
14. **To be filled out by clerk.** Check this box if copy delivered to applicant in person, and insert date.
15. **To be filled out by clerk.** Check this box if copy mailed to applicant, and insert date.
16. **To be filled out by clerk.** Check this box if applicant notified that recording of the commitment hearing is not available, and specify reason recording is not available.
17. **To be filled out by clerk.** Insert date signed by clerk.
18. **To be filled out by clerk.** Signature of clerk. Check box below signature line indicating title.

**Using This Form**

1. Copies
  - a. Original - to court.
  - b. Second copy – to respondent.
2. Prepared by petitioner.
3. Attachments – none.

WAIVER OF CONFIDENTIALITY OF COURT RECORDS – COMMITMENT FOR INVOLUNTARY TREATMENT

Case No. 1

Commonwealth of Virginia VA. CODE § 37.2-818

[ ] Circuit Court [ ] General District Court

2 CITY OR COUNTY

1. I, 3, the undersigned, 4 was the subject of a hearing for involuntary admission or mandatory outpatient treatment held on

DATE OF HEARING

at 5 LOCATION OF HEARING

2. My current address and telephone number are:

6 STREET ADDRESS OF SUBJECT OF HEARING MAILING ADDRESS IF DIFFERENT CITY STATE ZIP CODE TELEPHONE NUMBER

In accordance with Virginia Code § 37.2-818 B, I hereby waive the right to confidentiality of the following:

7 [ ] the dispositional order entered pursuant to Virginia Code § 37.2-817, OR

8 [ ] all court records pertaining to my case.

9 DATE

10 SIGNATURE OF PERSON WAIVING [ ] SUBJECT OF HEARING [ ] ATTORNEY

11 DATE

12 SIGNATURE OF WITNESS (TO SIGNATURE OF SUBJECT OF HEARING)

13 PRINT NAME OF WITNESS ADDRESS TELEPHONE NUMBER

14 PRINT NAME OF ATTORNEY ADDRESS TELEPHONE NUMBER

CLERK'S OFFICE USE Received and filed: 15 DATE [ ] CLERK [ ] DEPUTY CLERK 16

---

**Data Elements**

1. Insert court case number.
2. Insert court name. Check appropriate box.
3. Insert name of person who was the subject of commitment hearing.
4. Insert person's date of birth.
5. Insert date and location of commitment hearing.
6. Insert current street address, mailing address if different and telephone number of person who was the subject of commitment hearing.
7. Check this box if the person who was the subject of commitment hearing waives the right to confidentiality for the dispositional order.
8. Check this box if the person who was the subject of commitment hearing waives the right to confidentiality of all court records pertaining to the case.
9. Insert date signed by person waiving confidentiality.
10. Signature of person waiving confidentiality. Check the applicable box indicating whether the subject of the hearing or the attorney is waiving confidentiality.
11. Insert date signed by witness to signature of person who was the subject of the hearing.
12. Signature of witness to signature of person who was the subject of the hearing.
13. Insert name, address and telephone number of witness.
14. Insert name, address and telephone number of attorney.
15. **To be filled out by clerk.** Insert date form was received and filed.
16. **To be filled out by clerk.** Signature of clerk. Check appropriate box below the signature line.

**Using This Form**

1. Copies
  - a. Original - to court.
  - b. Second copy – to respondent.
2. Prepared by petitioner.
3. Attachments – none.

PETITION FOR ACCESS TO DISPOSITIONAL ORDER

Commonwealth of Virginia VA. CODE § 37.2-818 B

Case No. 1

Hearing Date 2

[ ] Circuit Court
[ ] General District Court

3

CITY/COUNTY

In re 4

NAME OF RESPONDENT IN HEARING FOR INVOLUNTARY TREATMENT

5

NAME OF PETITIONER

STREET ADDRESS

( ) TELEPHONE NUMBER

CITY STATE ZIP CODE

This petition is filed pursuant to Virginia Code § 37.2-818 B for access to the dispositional order in a case involving involuntary admission or mandatory outpatient treatment, as set forth below.

1. The above-named respondent was the subject of the commitment hearing, which was conducted on

6

DATE OF HEARING

at

6

LOCATION OF HEARING

2. This is the court for the city or county

7 [ ] in which the hearing was conducted. OR
[ ] to which the case was transferred.

3. Access to the dispositional document is needed for the following reason(s): 8

9 [ ] ADDITIONAL SHEET(S) ATTACHED

To the best of my knowledge, the subject of the order has not waived the confidentiality of the dispositional order. Therefore, and for the reasons set forth herein, I request access to the dispositional order for the hearing specified above.

10

DATE

11

PETITIONER

**Data Elements**

1. Insert court case number.
2. Hearing date to be inserted by the clerk.
3. Insert court name. Check appropriate box.
4. Insert name of respondent who was the subject of a commitment hearing for which access to the dispositional order is sought.
5. Insert name, address and telephone number of petitioner.
6. Insert date and location of commitment hearing.
7. Check the applicable box indicating whether the court identified in Data Element No. 3 was the court in which the commitment hearing was conducted or to which the case was transferred.
8. Insert the reason(s) for which the petitioner is indicating access to the dispositional document is needed.
9. Check this box if additional sheets are attached.
10. Insert date signed by petitioner.
11. Signature of petitioner.

**Using This Form**

1. Copies
2. Prepared by petitioner.
3. Attachments –
  - a. Copies of order(s) for commitment or admission for mental health treatment that resulted in the petitioner being unable to purchase, possess or transport a firearm.
  - b. Any other documents the petitioner believes are relevant to the petition.

**PETITION TO RESTORE RIGHT TO PURCHASE, POSSESS OR TRANSPORT A FIREARM**  
Commonwealth of Virginia VA. CODE §§ 18.2-308.1:1, 18.2-308.1:2, 18.2-308.1:3

Case No. 1  
Hearing Date 2

Circuit Court (Review of Denial Only)  
 General District Court

3  
CITY OR COUNTY  
In re: 4  
NAME OF PETITIONER  
5  
DATE OF BIRTH  
6  
TELEPHONE NUMBER  
ADDRESS

This petition is filed

- 7 {  to restore the right to purchase, possess or transport a firearm  
 pursuant to Virginia Code § 18.2-308.1:1, by a person who was acquitted by reason of insanity of one of the offenses listed in the statute and committed, upon discharge.  
 pursuant to Virginia Code § 18.2-308.1:2, by a person who was adjudicated legally incompetent, mentally incapacitated, or incapacitated and whose competency or capacity has been restored.  
 pursuant to Virginia Code § 18.2-308.1:3, by a person following release from involuntary admission, voluntary admission or mandatory outpatient treatment.  
 for a de novo review in the circuit court of a general district court order denying restoration of the right to purchase, possess or transport a firearm.

The following is true and correct to the best of my knowledge:

- 8 { 1. I was committed or admitted for mental health treatment as described below, such that it became unlawful for me to purchase, possess or transport a firearm:  
 I was acquitted by reason of insanity of an offense(s) specified in Virginia Code § 18.2-308.1:1 and committed to the custody of the Commissioner of Behavioral Health and Developmental Services pursuant to Virginia Code § 19.2-182.2 et. seq. on \_\_\_\_\_  
DATE(S) OF ORDER(S) AND CITY/COUNTY  
 I was adjudicated legally incompetent pursuant to former Virginia Code § 37.1-128.02 or former § 37.1-134 on \_\_\_\_\_  
DATE(S) OF ORDER(S) AND CITY/COUNTY  
 I was adjudicated mentally incapacitated pursuant to former Virginia Code § 37.1-128.1 or former § 37.1-132 on \_\_\_\_\_  
DATE(S) OF ORDER(S) AND CITY/COUNTY  
 I was adjudicated incapacitated pursuant to Chapter 20 (§ 64.2-2000 et seq.) of Title 64.2 or former Chapter 10 (§ 37.2-1000 et seq.) of Title 37.2 on \_\_\_\_\_  
DATE(S) OF ORDER(S) AND CITY/COUNTY  
 I was involuntarily admitted to a facility or ordered to mandatory outpatient treatment pursuant to Virginia Code § 19.2-169.2 on \_\_\_\_\_  
DATE(S) OF ORDER(S) AND CITY/COUNTY  
 I was involuntarily admitted to a facility or ordered to mandatory outpatient treatment as the result of a commitment hearing pursuant to Virginia Code § 37.2-814 et seq. on \_\_\_\_\_  
DATE(S) OF ORDER(S) AND CITY/COUNTY  
 I was the subject of a temporary detention order pursuant to Virginia Code § 37.2-809 and agreed to voluntary admission for inpatient treatment pursuant to Virginia Code § 37.2-805 on \_\_\_\_\_  
DATE(S) OF ORDER(S) AND CITY/COUNTY

2. I am now eligible to petition to restore the right to purchase, possess or transport a firearm having been discharged from the custody of the Commissioner; restored to competency or capacity; or released from admission or treatment.  
3. I am not otherwise ineligible or legally barred from purchasing, possessing or transporting a firearm under the laws of the Commonwealth or under equivalent laws of any other state or federal law.

9  In support of this petition, the following documents are attached: \_\_\_\_\_

11  Additional sheet(s) attached and incorporated by reference.

Based upon the facts specifically detailed above, I ask this court to grant this petition and restore to the petitioner the right to purchase, possess or transport a firearm. A hearing  is  is not requested.

12  
DATE  
13  
SIGNATURE OF PETITIONER  
14 {  Filed by attorney for petitioner  
ADDRESS  
PRINT NAME  
TELEPHONE NUMBER

**Data Elements**

1. Insert court case number.
2. Hearing date to be inserted by the clerk.
3. Insert court name. Check appropriate box.
4. Insert name and address of petitioner.
5. Insert date of birth of petitioner.
6. Insert telephone number of petitioner.
7. Check applicable box.
8. Check all applicable boxes that reflect why it became unlawful for petitioner to purchase, possess or transport a firearm, and insert date(s) and city/county of order(s) for all boxes checked.
9. Check this box if documents in support of the petition are attached, and specifically identify attached documents.
10. Check this box if additional sheets are attached.
11. Check appropriate box as to whether a hearing is or is not requested.
12. Insert date signed by petitioner.
13. Signature of petitioner.
14. Check this box if the petition is filed by the attorney for the petitioner, and insert the name, address and telephone number of the attorney.

**Using This Form**

1. Copies
  - a. Original – to court.
  - b. Second copy – to petitioner.
2. Prepared by judge.
3. Attachments – none.

**ORDER – RESTORATION OF RIGHT TO PURCHASE,  
POSSESS OR TRANSPORT A FIREARM**

Commonwealth of Virginia VA. CODE §§ 18.2-308.1:1, 18.2-308.1:2, 18.2-308.1:3

Case No. **1** .....

..... **2** .....  Circuit Court (Review of Denial Only)  
CITY OR COUNTY  General District Court

In re: ..... **3** .....  
NAME OF PETITIONER

**4**  Without a hearing  With a hearing, the court has considered the petition to restore the right to purchase, possess or transport a firearm.

After receiving and considering evidence concerning the circumstances regarding the disabilities referred to in the petition filed in this case, which is hereby incorporated by reference, and the petitioner’s criminal history, treatment record, and reputation as developed through character witness statements, testimony or other character evidence,

**5**  The court finds that the petitioner will not likely act in a manner dangerous to public safety and granting the relief would not be contrary to the public interest. Therefore, the court grants the petition pursuant to **6**  § 18.2-308.1:1  § 18.2-308.1:2 or  § 18.2-308.1:3, and the petitioner’s right to purchase, possess or transport a firearm is hereby restored.

The clerk is directed to certify and forward forthwith to the Central Criminal Records Exchange a copy of this order.

**7**  The relief sought by the petitioner is denied and the right to purchase, possess or transport a firearm is not restored by this court.

..... **8** .....  
DATE

..... **9** .....  
JUDGE

**CLERK’S OFFICE USE**

Certified copy of order granting relief forwarded to Central Criminal Records Exchange. **10** by **11**  
DATE INITIALS

**Data Elements**

1. Insert court case number.
2. Insert court name. Check appropriate box.
3. Insert name of petitioner.
4. Check box to indicate whether or not a hearing was held.
5. Check this box if the petition is granted.
6. Check applicable box to indicate statutory basis for restoration of right to purchase, possess or transport a firearm.
7. Check this box if the petition is denied.
8. Insert date when this order is issued.
9. Signature of judge.
10. Insert date certified copy of order forwarded to Central Criminal Records Exchange.
11. Initials of clerk.

**Using This Form**

1. Copies
  - a. Original – to court.
  - b. Additional copies to others as appropriate or as dictated by local practice.
2. Prepared by employee or designee of the local community services board who designated an alternative facility for a person detained under a temporary detention order pursuant to Virginia Code § 37.2-809(E).
3. Attachments – copy of temporary detention order.
4. Preparation details – none.

**NOTICE OF ALTERNATIVE FACILITY  
OF TEMPORARY DETENTION**

Commonwealth of Virginia VA. CODE § 37.2-809

Temporary Detention Order No. **1**

Case No. **2**

**3** ..... General District Court  
CITY OR COUNTY

In re **4** ..... **5** ..... **6** .....  
NAME OF RESPONDENT DATE OF BIRTH GENDER

**7** ..... **8** .....  
RESIDENCE ADDRESS MAILING ADDRESS IF DIFFERENT

CITY STATE ZIP CODE CITY STATE ZIP CODE

**NOTICE TO CLERK OF COURT OF ISSUING JURISDICTION:**

Pursuant to Virginia Code § 37.2-809(E), the undersigned employee or designee of the local community services board designated an alternative facility for temporary detention during the period of temporary detention. It was determined that the alternative facility is a more appropriate facility for temporary detention of the respondent given the specific security, medical or behavioral health needs of the respondent.

Initial facility of temporary detention indicated on the temporary detention order:

**9** .....  
NAME OF INITIAL FACILITY  
**10** .....  
ADDRESS  
.....  
TELEPHONE NUMBER

Alternative facility of temporary detention:

**11** .....  
NAME OF ALTERNATIVE FACILITY  
**12** .....  
ADDRESS  
.....  
TELEPHONE NUMBER

**13** .....  
DATE

**14** .....  
SIGNATURE OF CSB [ ] EMPLOYEE [ ] DESIGNEE

**15** .....  
PRINT NAME OF CSB [ ] EMPLOYEE [ ] DESIGNEE

**16** .....  
COMMUNITY SERVICES BOARD

**Data Elements**

1. Temporary detention order number.
2. Case number.
3. Insert name of court.
4. Name of respondent, the person who has been detained under a temporary detention order.
5. Date of birth of respondent.
6. Gender of respondent.
7. Residence address of respondent.
8. Mailing address of respondent, if different from residence address.
9. Name of initial facility of temporary detention.
10. Address and telephone number of initial facility.
11. Name of alternative facility of temporary detention.
12. Address and telephone number of alternative facility.
13. Insert date notice was signed by employee or designee of community services board.
14. Signature of employee or designee of community services board. Check appropriate box.

**Using This Form**

1. Copies
  - a. Original – to court
  - b. Copy to community services board that requested issuance of order.
2. Prepared by employee or designee of community services board and by magistrate.
3. Attachments – none.
4. Preparation details –
  - a. Data Element Nos. 1-9 prepared by employee or designee of community services board.
  - b. Data Element Nos. 20-23 prepared by magistrate.

**ORDER FOR TRANSPORTATION TO ALTERNATIVE FACILITY OF TEMPORARY DETENTION**

Commonwealth of Virginia VA. CODE § 37.2-809

Temporary Detention Order No. **1**

Case No. **2**

**3** General District Court  
CITY OR COUNTY

In re **4**  
NAME OF RESPONDENT

**5**  
DATE OF BIRTH

**6**  
GENDER

**7**  
RESIDENCE ADDRESS

**8**  
MAILING ADDRESS IF DIFFERENT

CITY STATE ZIP CODE

CITY STATE ZIP CODE

**REQUEST FOR TRANSPORTATION ORDER:**

An alternative facility has been identified following transfer of custody of the respondent, who is the subject of a temporary detention order issued pursuant to Virginia Code § 37.2-809, to the initial facility of temporary detention by the law-enforcement agency or the alternative transportation provider that provided transportation to the initial facility in accordance with § 37.2-810(B).

Pursuant to § 37.2-810(C), the undersigned is requesting an order authorizing transportation from the initial facility of temporary detention indicated on the temporary detention order to the alternative facility of temporary detention, and states that

**9** [ ] The criteria set forth in § 37.2-810(B) are met in this case and the undersigned requests an order authorizing transportation by

NAME RELATIONSHIP TO RESPONDENT/TITLE FACILITY/AGENCY TELEPHONE NUMBER  
who is available, willing, and able to provide transportation of the respondent in a safe manner from the initial facility of temporary detention to the alternative facility of temporary detention based upon the following:

**10** [ ] Transportation of the respondent to the initial facility of temporary detention was previously ordered to be provided by the same alternative transportation provider being proposed above.

[ ]

**11** [ ] As there is no alternative transportation provider available, willing, and able to provide transportation of the respondent in a safe manner, an order authorizing a law-enforcement agency to transport the respondent from the initial facility of temporary detention to the alternative facility of temporary detention is requested.

Initial facility of temporary detention: **12**  
NAME OF INITIAL FACILITY

**13**  
ADDRESS

**13**  
TELEPHONE NUMBER

Alternative facility of temporary detention: **14**  
NAME OF ALTERNATIVE FACILITY

**15**  
ADDRESS

**15**  
TELEPHONE NUMBER

**16**  
DATE

**17**  
SIGNATURE OF CSB [ ] EMPLOYEE [ ] DESIGNEE

**18**  
PRINT NAME OF CSB [ ] EMPLOYEE [ ] DESIGNEE

**19**  
COMMUNITY SERVICES BOARD

**ORDER FOR TRANSPORTATION:**

Having considered the above request for an order authorizing transportation of the respondent, the undersigned magistrate finds that

**20** [ ] the criteria set forth in § 37.2-810(B) are met in this case and

**20**  
NAME RELATIONSHIP TO RESPONDENT/TITLE FACILITY/AGENCY TELEPHONE NUMBER  
is available, willing, and able to provide transportation of the respondent in a safe manner, and orders the named alternative transportation provider to transport the respondent from the initial facility of temporary detention to the alternative facility of temporary detention.

**21** [ ] the criteria set forth in § 37.2-810(B) are not met in this case and no alternative transportation provider is available, willing, and able to provide transportation in a safe manner, and orders any authorized officer of **21**

LAW-ENFORCEMENT AGENCY  
to transport the respondent from the initial facility of temporary detention to the alternative facility of temporary detention.

**22**  
DATE

**23**  
MAGISTRATE

---

**Data Elements**

1. Temporary detention order number.
2. Case number.
3. Insert name of court.
4. Name of respondent, the person who has been detained under a temporary detention order.
5. Date of birth of respondent.
6. Gender of respondent.
7. Residence address of respondent.
8. Mailing address of respondent, if different from residence address.
9. Insert name, relationship to respondent or title, facility or agency, and telephone number of proposed alternative transportation provider.
10. Check appropriate box indicating whether proposed alternative transportation provider was previously ordered to transport the respondent to the initial facility of temporary detention. Insert information as appropriate.
11. Check this box if there is no proposed alternative transportation provider and transportation by law enforcement officer is being requested.
12. Name of initial facility.
13. Address and telephone number of initial facility.
14. Name of alternative facility of temporary detention.
15. Address and telephone number of alternative facility of temporary detention.
16. Insert date request was signed by employee or designee of community services board.
17. Signature of employee or designee of community services board. Check appropriate box.
18. Print name of employee or designee of community services board.
19. Insert name of community services board.
20. Check this box if the criteria set forth in Va. Code § 37.2-810(B) are met. Insert appropriate information for alternative transportation provider.
21. Check this box if the criteria set forth in Va. Code § 37.2-810(B) are not met. Insert name of law-enforcement agency ordered to transport the respondent to alternative facility.
22. Date signed by magistrate.
23. Signature of magistrate.

**Using This Form**

This form, which is a summary of the emergency custody procedures and the associated statutory protections, is required to be given to any person taken into emergency custody pursuant to Virginia Code § 37.2-808.

# EXPLANATION OF EMERGENCY CUSTODY PROCEDURES

Commonwealth of Virginia

VA. CODE §§ 37.2-808, 37.2-817.2

## To the Respondent:

You are a person who has been taken into emergency custody pursuant to Va. Code § 37.2-808 or § 37.2-817.2.

You were taken into emergency custody because a judge, special justice, or magistrate issued an emergency custody order, a law-enforcement officer believed that you met the criteria for emergency custody, or because you voluntarily consented to be transported for assessment or evaluation, you then revoked your consent, and the officer believed that you met the criteria for emergency custody.

You were taken into emergency custody because the judge, special justice, magistrate or law-enforcement officer decided that there was probable cause to believe that:

1. You have a mental illness and there exists a substantial likelihood that, as a result of mental illness, you will in the near future
  - a. cause serious physical harm to yourself or others as evidenced by your recent behavior causing, attempting or threatening harm and other relevant information, OR
  - b. suffer serious harm due to your lack of capacity to protect yourself from harm or to provide for your basic needs, AND
2. You are in need of hospitalization or treatment, AND
3. You are unwilling to volunteer or incapable of volunteering for hospitalization or treatment.

While you are in emergency custody, you will be transported by a law-enforcement officer or an alternative transportation provider to a convenient location to be evaluated to determine whether you meet the criteria for temporary detention, and to assess the need for you to be hospitalized or treated.

You may also be transported to a medical facility if it is determined that emergency medical evaluation or treatment is necessary, or if a doctor at the hospital where you may be detained requires a medical evaluation before you can be admitted.

You will remain in custody until a temporary detention order is issued, until you are released, or until the emergency custody order expires. The maximum amount of time that you could remain in emergency custody is 8 hours.

If you were taken into emergency custody as a result of an emergency custody order, the order must have been executed within 8 hours after the order was issued or the order is void. An emergency custody order is executed when a law-enforcement officer takes you into custody under the order. When the emergency custody order is executed or a law-enforcement officer takes you into custody without an order, the law-enforcement officer must then notify the community services board right away.