

**Using This Revisable PDF 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**  
NAME OF RESPONDENT

**6**  
DATE OF BIRTH

**7**  
GENDER

**8**  
RESIDENCE ADDRESS

**9**  
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** NAME OF PETITIONER

**12** 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**  §§ 37.2-808 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**  The preadmission screening report has been prepared by the community services board and the report is attached.

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

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

**19**  § 16.1-340 or § 16.1-340.1 (Juvenile Cases Only) and state that because of mental illness, the respondent, who is a juvenile:

**20** {  
 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 delusional 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.

**21**  The juvenile is currently detained in a detention home or shelter care facility by order of the

**21**  
NAME OF COURT ..... Juvenile and Domestic Relations District Court. To the extent known,

the following charges against the juvenile are the basis of the detention in the detention home or shelter care facility:

**22**  
CHARGE  
.....  
CHARGE

**23**  See attached sheet for additional charges.

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

**24**  
NAME OF MOTHER AND ADDRESS

**25**  
NAME OF FATHER AND ADDRESS

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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 if a preadmission screening report is being included with the petition.
17. Check this box if an initial mandatory outpatient treatment plan is being included with the petition.
18. Check this box if the petitioner is requesting an involuntary admission order to be continued.
19. 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.
20. Check the applicable boxes.
21. 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.
22. List the charges that are the basis for the juvenile's detention in the detention home or shelter care facility, if applicable.
23. Check box if additional sheet is attached.
24. Insert name and address of mother of juvenile.
25. Insert name and address of mother of juvenile.

Temporary Detention Order No. 1

Case No. 2

**3**  § 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 other relevant information, if any; and the inmate requires treatment in a hospital rather than a local correctional facility.

**4**  § 19.2-182.9 and state that the respondent, who is an acquittee 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.

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: .....

**5**

.....  
**6**  
DATE

.....  
**7**  
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.

.....  
**8**  
DATE

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

**FOR NOTARY PUBLIC'S USE ONLY: 10**

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 inmate for whom involuntary admission for treatment is being requested pursuant to Virginia Code § 19.2-169.6.
4. 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.
5. Indicate other information relevant to the petition.
6. Insert date signed by petitioner.
7. Signature of petitioner.
8. Date of acknowledgment, to be completed by person taking the acknowledgment.
9. Signature of person taking the acknowledgment.
10. Required information to be inserted by notary public, if applicable.