

**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. ....

General District Court

.....  
CITY/COUNTY

In re .....  
NAME OF RESPONDENT

.....  
ADDRESS

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

Current location of respondent, if different:

.....  
NAME AND ADDRESS OF FACILITY

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

Petitioner .....  
NAME AND ADDRESS OF PETITIONING AGENCY

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

Original petitioner for involuntary treatment of respondent, if different:

.....  
NAME AND ADDRESS

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

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 .....  
DATE  
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

[ ] § 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

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

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

.....  
[ ] 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.

§ 37.2-817.1 by the community services board responsible for monitoring the respondent's compliance with the  comprehensive mandatory outpatient treatment plan  discharge plan, such board having determined that the respondent materially failed to comply with the  mandatory outpatient treatment order  order authorizing discharge to mandatory outpatient treatment following inpatient treatment.

Describe noncompliance:

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

This monitoring community services board files its petition

within 3 days of making its determination of the respondent's noncompliance.

within 24 hours of the respondent's detention under a temporary detention order.

Accordingly, the petitioner requests that this court schedule a hearing to be held pursuant to § 37.2-817.2, appoint an attorney to represent the respondent if the respondent is not represented by counsel, and provide notice of the hearing pursuant to § 37.2-817.2 A.

In accordance with the provisions of § 37.2-817.2 A, the names and addresses of all treatment providers listed in the  comprehensive mandatory outpatient treatment order  discharge plan are provided to the clerk on an attached sheet.

Appointment of an examiner pursuant to § 37.2-817.2 B to perform an examination of the person subject to the  comprehensive mandatory outpatient treatment plan  discharge plan and to include all applicable requirements of § 37.2-815 is requested by

the petitioning community services board  .....  
NAME OF PERSON OR AGENCY REQUESTING EVALUATION

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

Examiner: .....  
NAME AND ADDRESS OF EXAMINER

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

The following disposition is recommended by the petitioner:

Involuntary admission to .....  
NAME OF FACILITY  
for a period of treatment not to exceed 30 days from the date of this order.

Renewal of the  mandatory outpatient treatment plan  discharge plan:  
 without modification. OR  
 with substantive modifications to the plan as set forth in the attached revised plan. OR  
 with the following modifications

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

Rescission of the  mandatory outpatient treatment order  order authorizing discharge to mandatory outpatient treatment following inpatient treatment.

..... DATE ..... PETITIONER