

Using This Revisable PDF 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.

2 § 37.2-817.1 by the community services board responsible for monitoring the respondent's compliance with the **3** comprehensive mandatory outpatient treatment plan **4** discharge plan, such board having determined that the respondent materially failed to comply with the **3** mandatory outpatient treatment order **4** order authorizing discharge to mandatory outpatient treatment following inpatient treatment.

Describe noncompliance: 5

.....
.....

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

This monitoring community services board files its petition

7 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.

8 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.

9 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

10 the petitioning community services board 11

NAME OF PERSON OR AGENCY REQUESTING EVALUATION

12 (12)
ADDRESS CITY/COUNTY STATE ZIP CODE TELEPHONE NUMBER

Examiner: 13
NAME AND ADDRESS OF EXAMINER

CITY STATE ZIP CODE () TELEPHONE NUMBER

The following disposition is recommended by the petitioner:

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

15 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

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

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

18
DATE

19
PETITIONER

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.