

**PETITION TO CONTINUE MANDATORY
OUTPATIENT TREATMENT**

Commonwealth of Virginia VA. CODE § 37.2-817.4

Case No.

Hearing Date

..... General District Court

CITY OR COUNTY

In re

NAME OF RESPONDENT

RESIDENCE ADDRESS

MAILING ADDRESS IF DIFFERENT

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

NAME OF PETITIONER

PETITIONER'S RELATIONSHIP TO RESPONDENT

NAME OF AGENCY OR FACILITY OF PETITIONER

(.....)

FACSIMILE NUMBER

ADDRESS OF PETITIONER

(.....)

TELEPHONE NUMBER

CITY

STATE

ZIP CODE

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, to continue such order, of which the respondent is the subject, for a period of (not to exceed 180 days).
DATE OF ORDER NO. OF DAYS

DATE

PETITIONER

[] 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.

[] 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.

DATE

SIGNATURE OF RESPONDENT

DATE

SIGNATURE OF WITNESS

PRINT NAME OF WITNESS

ADDRESS

TELEPHONE NO.

[] 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.

DATE

SIGNATURE OF COMMUNITY SERVICES BOARD EMPLOYEE