

Using This Revisable PDF 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

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.