

**TRACKING DOCUMENT FOR SENDING  
OR RECEIVING MANDATORY OUTPATIENT  
TREATMENT ORDER UPON ENTRY**

Commonwealth of Virginia VA. CODE § 37.2-817

Case No. ....

..... General District Court  
CITY OR COUNTY

MAILING ADDRESS OF COURT FACSIMILE NUMBER

In re .....  
NAME OF RESPONDENT CURRENT LOCATION OF RESPONDENT

RESIDENCE ADDRESS OF RESPONDENT MAILING ADDRESS IF DIFFERENT

CITY STATE ZIP CODE CITY STATE ZIP CODE

COMMUNITY SERVICES BOARD SERVING THE JURISDICTION OF THIS COURT (.....) FACSIMILE NUMBER

ADDRESS OF COMMUNITY SERVICES BOARD SERVING THE JURISDICTION OF THIS COURT (.....) TELEPHONE NUMBER

This form is for use by community services boards and clerks of court in satisfying the requirements of subsection I of Virginia Code § 37.2-817 upon the entry of a mandatory outpatient treatment order. Use one check box to indicate what you are documenting or acknowledging, complete the signature portion of the form, and transmit to the next or last signatory, as applicable.

**An Order for Mandatory Outpatient Treatment Plan has been entered and this form is being used as indicated below.**

Clerk of Court – This is to document providing a copy of the mandatory outpatient treatment order entered on ..... to the respondent, to the respondent’s attorney, and to the community services board  
DATE OF ENTRY  
responsible for monitoring the respondent’s compliance with the mandatory outpatient treatment plan.

.....  
PRINT NAME OF CLERK  
by .....  
DATE SIGNATURE OF  CLERK  DEPUTY CLERK

Community Services Board – This is to acknowledge receipt of the mandatory outpatient treatment order to the clerk of court. (Receipt must be acknowledged within five business days of receiving the order from the clerk.)

.....  
DATE SIGNATURE OF CSB EMPLOYEE  
..... for .....  
PRINT NAME COMMUNITY SERVICES BOARD