

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

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 J of Virginia Code § 37.2-817 upon transfer of jurisdiction of a case in which a mandatory outpatient treatment order was entered to the general district court in the locality where the person who is the subject of the order resides. 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 Transfer of Jurisdiction Pursuant to Va. Code § 37.2-817 J has been entered in the above-styled case and this form is being used as indicated below.**

Note: The "Transferor" court is the court that is transferring the case to another jurisdiction, and the "Transferee" court is the court to which the case is being transferred.

Clerk of Transferee Court – This is to document receiving the court case file and the order for transfer of jurisdiction of the case, in which an order for mandatory outpatient treatment was entered by the transferor court on ....., and to notify that court of such receipt.

.....  
PRINT NAME OF CLERK

by .....

SIGNATURE OF  CLERK  DEPUTY CLERK

DATE

Community Services Board (Transferee Jurisdiction) – This is to acknowledge to the transferor court receipt of the mandatory outpatient treatment order and the order to transfer jurisdiction of the case, and to document sending a copy of this acknowledgement to the community services board serving the jurisdiction of the transferor court. (Receipt must be acknowledged within five business days of receiving the order from the clerk.)

DATE

SIGNATURE OF CSB EMPLOYEE

for .....

COMMUNITY SERVICES BOARD

PRINT NAME OF EMPLOYEE

Community Services Board (Transferor Jurisdiction) – This is to notify the transferee community services board of receipt of the copy of its acknowledgement of receipt of the mandatory outpatient treatment order and transfer order.

DATE

SIGNATURE OF CSB EMPLOYEE

for .....

COMMUNITY SERVICES BOARD

PRINT NAME OF EMPLOYEE

Clerk of Transferor Court – This is to document notifying the community services board serving this jurisdiction that the case and mandatory outpatient treatment order have been transferred.

.....  
PRINT NAME OF CLERK

by .....

SIGNATURE OF  CLERK  DEPUTY CLERK

DATE