NOTICE OF ALTERNATIVE FACILITY

		N			
Commonwealth of Virg	ARY DETENTIO ginia VA. CODE § 37.2-809	14	Case No		
	CITY OR COUNTY	Ge	eneral District Cou	rt	
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In re NAME OF RESPONDENT RESIDENCE ADDRESS			TE OF BIRTH	GENDER	
		MAILING ADDRESS IF DIFFERENT			
CITY	STATE		CITY	STATE	
	LERK OF COURT O				
respondent.	on of the respondent g	-	c security, medical	or behavioral health	needs of the
initial facility of t	emporary detention in	dicated on the to	emporary detention	order:	
muai raemty or t	emporary detention in		emporary detention		
initial facility of t		NAME OF IN			
initial facility of t		NAME OF INI	TIAL FACILITY		
		NAME OF INI ADI	TIAL FACILITY DRESS		
		NAME OF INI ADI TELEPHO On:	TIAL FACILITY DRESS		
		NAME OF INI ADI TELEPHO On:	TIAL FACILITY DRESS NE NUMBER		
		NAME OF INI ADI TELEPHO On: NAME OF ALTER ADI	TIAL FACILITY DRESS NE NUMBER RNATIVE FACILITY		
		NAME OF INI ADI TELEPHO On: NAME OF ALTER ADI	TIAL FACILITY DRESS NE NUMBER RNATIVE FACILITY DRESS		

COMMUNITY SERVICES BOARD OR FACILITY

PRINT NAME OF [] CSB EMPLOYEE [] CSB DESIGNEE [] CERTIFIED EVALUATOR