

**Using This Revisable PDF Form**

1. Copies
  - a. Original – to court.
  - b. First certified copy – to respondent.
  - c. Second certified copy – to respondent’s next of kin, as required.
2. Prepared and signed by any person. Certification of delivery or mailing of copies by court or petitioner.
3. Attachments

If Data Element No. 8 box is checked, then DC-490 MEDICAL EMERGENCY TEMPORARY DETENTION ORDER and, if available, underlying DC-489 MEDICAL EMERGENCY TEMPORARY DETENTION PETITION.

4. Preparation details
  - a. As outlined in Data Element No. 8, this may serve as the petition for extension of previously entered medical emergency temporary detention order (Virginia Code § 37.2-1104).
  - b. The petitioner or the court must deliver or send a certified copy of the petition to the person for whom treatment is sought and, if the identity and whereabouts of the person’s next of kin are known, to the next of kin. Virginia Code § 37.2-1101.
  - c. If the person for whom treatment is sought is a patient in a hospital or a resident in any facility operated by the Department of Behavioral Health and Developmental Services and such person has no known guardian or legally authorized representative at the time petition is filed, the court, in its discretion, need not require notice to the person’s next of kin. Virginia Code § 37.2-1101.

**MEDICAL TREATMENT AND DETENTION PETITION**

Commonwealth of Virginia VA. CODE §§ 37.2-1100, -1101, -1104

Case No. **1**

Circuit Court  
 General District Court

**2**

CITY OR COUNTY

**3**

NAME OF RESPONDENT

**4**

ADDRESS OF RESPONDENT

1. CHECK ONE

**5**  **A.** I respectfully petition this court to authorize treatment for a mental or physical disorder on behalf of respondent and state that:

The respondent is an adult in need of treatment of the following physical or mental disorder or impairment:

**6**

It is my opinion that the respondent is incapable of making an informed decision on the treatment of the above-described mental or physical disorder, or is physically or mentally incapable of communicating such a decision on the treatment of the above-described physical or mental disorder because of the following:

**7**  physical or mental disorder or impairment: **7**

The proposed treatment is in the best interest of the respondent.

The respondent is residing or is located in this city or county, or the proposed place of treatment is located in this city or county.

I understand that a person with dysphasia or other communication disorder who is mentally competent and able to communicate shall not be considered incapable of giving informed consent by law and that the respondent is not such a person to the best of my knowledge.

OR

**8**  **B.** I respectfully petition this court to authorize continued treatment for a mental or physical disorder on behalf of respondent as an extension of the court's prior authorization of temporary detention of the respondent for testing, observation or treatment pursuant to Va. Code § 37.2-1104. As such, facts previously alleged are attached and

incorporated herein and I further state that: **8**

**9** 2. The respondent  is  is not a patient in a hospital or a resident in a facility operated by the Department of Behavioral Health and Developmental Services.

**10** 3. To the best of my knowledge, the respondent  has  does not have a guardian or legally authorized representative.

4. In my opinion, and the respondent is unlikely to become capable of making an informed decision or of communicating an informed decision within the time required for decision.

**11**

DATE

**12**

PETITIONER

**13**

PRINT NAME

**14**

ADDRESS/TELEPHONE NUMBER OF PETITIONER

**NOTICE:** Judicial authorization for treatment is not required for a person for whom consent or authorization has been granted or issued or may be obtained in accordance with the Health Care Decisions Act, Va. Code §§ 54.1-2981 to 54.0-2993.

**15**  I certify that I have delivered or mailed the respondent and, as whereabouts are known, the respondent's next of kin a certified copy of this petition.

**16**  Respondent is a patient in a hospital or a resident in a facility operated by the Department of Behavioral Health and Developmental Services and such person has no known guardian or legally authorized representative. I certify that I have delivered or mailed the respondent a certified copy of this petition.

**17**

DATE

**18**

CLERK

PETITIONER

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**Data Elements**

1. Court case number.
2. Court name. Check the appropriate box.
3. Name of person who is the subject of the petition (respondent).
4. Address of person (if known).
5. Check this box if request for court ordered medical treatment does not involve an extension of a previously entered medical emergency temporary detention court order.
6. Description of mental or physical disorder for which medical treatment is needed.
7. Check the box to indicate that person for whom medical treatment is sought is rendered incapable of making a decision concerning treatment, or communicating such a decision, because of a physical or mental disorder or impairment. Provide a description of such physical or mental disorder or impairment in the blank that follows.
8. Check the box to indicate that person for whom medical treatment is sought was the subject of a previously entered medical emergency temporary detention court order and the petition is for an extension of that order. Provide any additional facts that support the authorization of this petition.
9. Check appropriate box.
10. Check appropriate box.
11. Date of petitioner's signature.
12. Petitioner's signature.
13. Print name of Petitioner.
14. Address and telephone number of petitioner.
15. Check this box to indicate certified copies were delivered or mailed to the person for whom treatment is sought and the respondent's next of kin.
16. Check this box to indicate that a certified copy was delivered or mailed to the person for whom treatment is sought and that the court has waived the requirement that the next of kin be notified of the petition for the reasons stated therein.
17. Date of certification of delivery or mailing of copies.
18. Signature of certifying court officer or petitioner.