

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

Commonwealth of Virginia VA. CODE § 16.1-345.2

Case No. ....

..... Juvenile and Domestic Relations District Court  
CITY OR COUNTY

MAILING ADDRESS OF COURT ..... FACSIMILE NUMBER

In re .....  
NAME OF JUVENILE ..... CURRENT LOCATION OF JUVENILE

RESIDENCE ADDRESS OF JUVENILE ..... MAILING ADDRESS IF DIFFERENT

CITY STATE ZIP CODE CITY STATE ZIP CODE

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

CITY STATE ZIP CODE (.....) TELEPHONE NUMBER

This form is for use by community services boards and clerks of court in satisfying the requirements of subsection F of Virginia Code § 16.1-345.2 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 juvenile, to the juvenile’s parents, to the juvenile’s attorney, to the juvenile’s guardian ad litem, and to the community services board responsible for monitoring the juvenile’s compliance with the mandatory outpatient treatment plan.
- Community Services Board – This is to acknowledge receipt of the mandatory outpatient treatment order to the clerk of court.
- Clerk of Court – This is to document receiving and filing the community services board’s acknowledgement of receipt of the mandatory outpatient treatment order.

.....  
PRINT NAME OF CLERK

DATE by .....  
SIGNATURE OF  CLERK  DEPUTY CLERK

DATE SIGNATURE OF CSB EMPLOYEE

PRINT NAME for .....  
COMMUNITY SERVICES BOARD

.....  
PRINT NAME OF CLERK

DATE by .....  
SIGNATURE OF  CLERK  DEPUTY CLERK