

Using This Revisable PDF Form

1. Copies
 - a. Original – to court.
 - b. Second copy – to community services board.
2. Prepared by clerk.
3. Attachments – none.

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

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

Case No. 1

Commonwealth of Virginia VA. CODE § 16.1-345.2

2 Juvenile and Domestic Relations District Court CITY OR COUNTY

MAILING ADDRESS OF COURT FACSIMILE NUMBER

In re 3 NAME OF JUVENILE CURRENT LOCATION OF JUVENILE

RESIDENCE ADDRESS OF JUVENILE MAILING ADDRESS IF DIFFERENT

CITY STATE ZIP CODE CITY STATE ZIP CODE

4 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.

5 [] Clerk of Court - This is to document providing a copy of the mandatory outpatient treatment order entered on 6 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.

7 [] Community Services Board - This is to acknowledge receipt of the mandatory outpatient treatment order to the clerk of court.

8 [] Clerk of Court - This is to document receiving and filing the community services board's acknowledgement of receipt of the mandatory outpatient treatment order.

10 PRINT NAME OF CLERK

9 DATE by 11 SIGNATURE OF [] CLERK [] DEPUTY CLERK

12 DATE 14 SIGNATURE OF CSB EMPLOYEE

13 PRINT NAME for 13 COMMUNITY SERVICES BOARD

16 PRINT NAME OF CLERK

15 DATE by 17 SIGNATURE OF [] CLERK [] DEPUTY CLERK

Data Elements

1. Insert court case number.
2. Insert name, mailing address and facsimile number of court.
3. Insert name, current location, residence address and mailing address, if different, of juvenile.
4. Insert name, address and telephone and facsimile numbers of community services board serving the jurisdiction of the court listed in Data Element No. 2.
5. Check this box indicating that copies of the mandatory outpatient treatment order have been provided to the individuals and agencies listed.
6. Insert date of mandatory outpatient treatment order.
7. **To be filled out by community services board.** Check this box to acknowledge receipt of the mandatory outpatient treatment order.
8. Check this box indicating that the clerk received and filed the acknowledgment of receipt of the mandatory outpatient treatment order from the community services board.
9. Insert date signed by clerk indicating that copies of the mandatory outpatient treatment order were provided as required.
10. Insert name of clerk.
11. Signature of clerk. Check appropriate box below signature line indicating title.
12. **To be filled out by community services board.** Insert date on which receipt of mandatory outpatient treatment order was acknowledged.
13. **To be filled out by community services board.** Insert name of employee of community services board acknowledging receipt, and name of community services board.
14. **To be filled out by community services board.** Signature of employee of community services board.
15. Insert date clerk received and filed acknowledgment of receipt from community services board.
16. Insert name of clerk.
17. Signature of clerk. Check appropriate box below signature line indicating title.