

Using This Revisable PDF Form

1. Copies
 - a. Original – to court.
 - b. Copy – to community services board.
2. Prepared by clerk and employee of community services board.
3. Attachments – clerk is required to send a copy of the mandatory treatment order with this form to the community services board.

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

Commonwealth of Virginia VA. CODE § 37.2-817

Case No. 1

2 General District Court
CITY OR COUNTY

3
MAILING ADDRESS OF COURT FACSIMILE NUMBER

In re 4
NAME OF RESPONDENT CURRENT LOCATION OF RESPONDENT

RESIDENCE ADDRESS OF RESPONDENT MAILING ADDRESS IF DIFFERENT

CITY STATE ZIP CODE CITY STATE ZIP CODE

5 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 I of Virginia Code § 37.2-817 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.

6 Clerk of Court – This is to document providing a copy of the mandatory outpatient treatment order entered on 7 to the respondent, to the respondent’s attorney, and to the community services board responsible for monitoring the respondent’s compliance with the mandatory outpatient treatment plan.
DATE OF ENTRY

8 by 9
DATE PRINT NAME OF CLERK
10
SIGNATURE OF CLERK DEPUTY CLERK

11 Community Services Board – This is to acknowledge receipt of the mandatory outpatient treatment order to the clerk of court. (Receipt must be acknowledged within five business days of receiving the order from the clerk.)

12 14
DATE SIGNATURE OF CSB EMPLOYEE
13 for 13
PRINT NAME COMMUNITY SERVICES BOARD

Data Elements

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