

**MOTION TO CONTINUE MANDATORY
OUTPATIENT TREATMENT ORDER**

Commonwealth of Virginia VA. CODE § 16.1-345.5

Case No.

Hearing Date

Juvenile and Domestic Relations District Court

.....
CITY OR COUNTY

In re

NAME OF JUVENILE

.....
RESIDENCE ADDRESS

.....
MAILING ADDRESS IF DIFFERENT

.....
CITY

.....
STATE

.....
ZIP CODE

.....
CITY

.....
STATE

.....
ZIP CODE

.....
NAME AND ADDRESS OF PARENT/GUARDIAN/LEGAL CUSTODIAN

.....
NAME OF PETITIONER

.....
NAME OF AGENCY OR FACILITY OF PETITIONER

(.....)

FACSIMILE NUMBER

.....
ADDRESS OF PETITIONER

(.....)

TELEPHONE NUMBER

.....
CITY

.....
STATE

.....
ZIP CODE

This motion is filed pursuant to Virginia Code § 16.1-345.5, within 30 days prior to the expiration of the mandatory outpatient treatment order entered on, to continue such order, of which the juvenile is the subject, for a period not to exceed 90 days.

DATE OF ORDER

.....
DATE

.....
COMMUNITY SERVICES BOARD EMPLOYEE

[] Check this box and complete this section only if

[] the juvenile is under the age of 14 and the juvenile's parents join in this motion.

[] the juvenile is 14 years of age or older and both the juvenile and the juvenile's parents join in this motion.

[] Juvenile, 14 years of age or older. I intend by my signature [] below [] on the attached sheet, which is incorporated by reference, to signify that I join this motion to continue the mandatory treatment order, of which I am the subject.

.....
DATE

.....
SIGNATURE OF JUVENILE

.....
DATE

.....
SIGNATURE OF WITNESS

.....
PRINT NAME OF WITNESS

.....
ADDRESS

.....
TELEPHONE NO.

[] Juvenile's parents. My signature [] below [] on the attached sheet, which is incorporated by reference, is intended to signify that I join this motion to continue the mandatory treatment order.

.....
DATE

.....
MOTHER

.....
DATE

.....
FATHER