

Using This Revisable PDF Form

1. Copies
 - a. Original - to court.
 - b. Second copy – to juvenile.
2. Prepared by community services board employee.
3. Attachments –
 - a. A document signed by the juvenile indicating the juvenile is joining in the motion, if applicable.
 - b. A document signed by the juvenile’s parents indicating the juvenile’s parents are joining in the motion, if applicable.

MOTION TO CONTINUE MANDATORY
OUTPATIENT TREATMENT ORDER

Commonwealth of Virginia VA. CODE § 16.1-345.5

Case No. **1**

Hearing Date **2**

3 Juvenile and Domestic Relations District Court
CITY OR COUNTY

In re **4**
NAME OF JUVENILE

RESIDENCE ADDRESS MAILING ADDRESS IF DIFFERENT

CITY STATE ZIP CODE CITY STATE ZIP CODE

5
NAME AND ADDRESS OF PARENT/GUARDIAN/LEGAL CUSTODIAN

6
NAME OF PETITIONER

7 (.....)
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 **8** , to continue such order, of which the juvenile is the subject, for a period not to exceed 90 days.
DATE OF ORDER

9 **10**
DATE COMMUNITY SERVICES BOARD EMPLOYEE

- 11** [] Check this box and complete this section only if
12 [] the juvenile is under the age of 14 and the juvenile's parents join in this motion.
13 [] the juvenile is 14 years of age or older and both the juvenile and the juvenile's parents join in this motion.
14 [] 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.

15 **16**
DATE SIGNATURE OF JUVENILE

17 **18**
DATE SIGNATURE OF WITNESS

19
PRINT NAME OF WITNESS ADDRESS TELEPHONE NO.

20 [] 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.

21 **22**
DATE MOTHER

21 **22**
DATE FATHER

Data Elements

1. Insert court case number.
2. Hearing date to be inserted by the clerk.
3. Insert court name.
4. Insert name, residence address and mailing address, if different, of juvenile.
5. Insert name(s) and address(es) of parent, guardian or legal custodian.
6. Insert name of petitioner.
7. Insert name of agency/facility, address and telephone and facsimile numbers for petitioner.
8. Insert date of mandatory outpatient treatment order.
9. Insert date signed by petitioner.
10. Signature of community services board employee.
11. Check this box only if Data Element No. 12, 13 or 14 is checked.
12. Check this box if the juvenile is under the age of 14, and the juvenile's parents join in the motion to continue the mandatory outpatient treatment order.
13. Check this box if the juvenile is 14 years or older, and both the juvenile and the juvenile's parents join in the motion.
14. Check this box if the juvenile is 14 years or older, and joins in the motion. Check the applicable box regarding the juvenile's signature.
15. Insert date signed by juvenile, if applicable.
16. Signature of juvenile, if applicable.
17. Insert date signed by witness, if document not attached.
18. Signature of witness, if document not attached.
19. Insert name, address and telephone number of witness, if document not attached.
20. Check this box if the juvenile's parents join in the motion. Check the applicable box regarding the signatures of the parents.
21. Insert date(s) signed by each parent, if document(s) not attached.
22. Signature(s) of parent(s), if document(s) not attached.