

**PETITION TO CONTINUE MANDATORY
OUTPATIENT TREATMENT**

Commonwealth of Virginia VA. CODE § 37.2-817.4

Case No.

Hearing Date

..... General District Court

CITY OR COUNTY

In re

NAME OF RESPONDENT

RESIDENCE ADDRESS

MAILING ADDRESS IF DIFFERENT

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

NAME OF PETITIONER Original Petitioner

PETITIONER'S RELATIONSHIP TO RESPONDENT

NAME OF AGENCY OR FACILITY OF PETITIONER

FACSIMILE NUMBER

ADDRESS OF PETITIONER

TELEPHONE NUMBER

CITY

STATE

ZIP CODE

Community Services Board (if not petitioner named above): Original Petitioner

EMPLOYEE OF COMMUNITY SERVICES BOARD

FACSIMILE NUMBER

NAME OF COMMUNITY SERVICES BOARD

TELEPHONE NUMBER

ADDRESS OF COMMUNITY SERVICES BOARD

CITY

STATE

ZIP CODE

Original petitioner for involuntary treatment of respondent (if not named above):

NAME AND ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

This petition is filed pursuant to Virginia Code § 37.2-817.4, within 30 days prior to the expiration of the order involving mandatory outpatient treatment entered on to continue such order, of which the respondent is the subject, for a period of (not to exceed 180 days).
DATE OF ORDER
NO. OF DAYS

As the respondent and the monitoring community services board have not both joined in this petition, in accordance with the provisions of § 37.2-817.1(D), the name and addresses of all treatment providers listed in the comprehensive mandatory outpatient treatment order or plan are provided to the clerk on the attached sheet.

DATE

PETITIONER

Check this box and complete this section only if both the respondent and the monitoring community services board join the petition.

Respondent. I intend by my signature below on the attached sheet, which is incorporated by reference, to signify that I join this petition to continue the order involving mandatory outpatient treatment, of which I am the subject.

.....
DATE SIGNATURE OF RESPONDENT

.....
DATE SIGNATURE OF WITNESS

.....
PRINT NAME OF WITNESS ADDRESS TELEPHONE NO.

Community Services Board Employee. My signature below on the attached sheet, which is incorporated by reference, is intended to signify that I join this petition to continue the order involving mandatory outpatient treatment, for which I have monitoring responsibility.

.....
DATE SIGNATURE OF COMMUNITY SERVICES BOARD EMPLOYEE

.....
PRINTED NAME OF COMMUNITY SERVICES BOARD EMPLOYEE