

**Using This Revisable PDF Form**

1. Copies
  - a. Original - to court.
  - b. Second copy – to respondent, if filed by the community services board.  
to community services board, if filed by respondent.
2. Prepared by petitioning community services board or by person who is subject to order.
3. Attachments – none.
4. Preparation details – If petition filed by person who is subject to order, petition cannot be filed earlier than 30 days after entry of the mandatory outpatient treatment order or discharge of the person from involuntary inpatient treatment pursuant to an order authorizing discharge to mandatory outpatient treatment following inpatient treatment. In addition, petition cannot be filed if person who is subject to order has filed another petition for rescission within the past 90 days.

**PETITION FOR RESCISSION OF MANDATORY  
OUTPATIENT TREATMENT**

Commonwealth of Virginia VA. CODE § 37.2-817.3

Case No. ..... **1** .....

Hearing Date ..... **2** .....

..... **3** ..... General District Court  
CITY OR COUNTY

In re ..... **4** .....  
NAME

..... **5** .....  
DATE OF ORDER

.....  
RESIDENCE ADDRESS  
.....  
CITY STATE ZIP CODE

.....  
MAILING ADDRESS IF DIFFERENT  
.....  
CITY STATE ZIP CODE

..... **6** .....  
EMPLOYEE OF COMMUNITY SERVICES BOARD

(.....) .....  
TELEPHONE NO.

..... **7** .....  
NAME OF COMMUNITY SERVICES BOARD

(.....) .....  
FACSIMILE NO.

.....  
ADDRESS OF COMMUNITY SERVICES BOARD  
.....  
CITY STATE ZIP CODE

Filed by **8** [ ] community services board **9** [ ] person subject to order **10** [ ] attorney for .....

.....  
PRINT NAME OF ATTORNEY  
.....  
ADDRESS TELEPHONE NO. FACSIMILE NO.

**11** [ ] This petition is filed prior to the expiration of the [ ] mandatory outpatient treatment order [ ] order authorizing discharge to mandatory outpatient treatment following inpatient treatment pursuant to Virginia Code § 37.2-817.3 A by the community services board responsible for monitoring the above-named person's (respondent's) compliance with the [ ] treatment plan [ ] discharge plan, based upon the following:

**14** [ ] The community services board has determined that the respondent has complied with the order and no longer meets the criteria for involuntary treatment [ ] for the following reasons: .....

**15** [ ] for the reasons provided in the attached report, which is incorporated by reference.

**16** Therefore, the petitioner requests that the court rescind the [ ] mandatory outpatient treatment order [ ] order authorizing discharge to mandatory outpatient treatment following inpatient treatment; or, if the court does not agree with this determination, that the court schedule a hearing and provide notice in accordance with § 37.2-817.2 A.

**17** [ ] This petition is filed no earlier than 30 days after the [ ] entry of the mandatory outpatient treatment order [ ] discharge of the person from involuntary inpatient treatment pursuant to an order authorizing discharge to mandatory outpatient treatment following inpatient treatment pursuant to Virginia Code § 37.2-817.3 B by the person who is the subject of the order because such person no longer meets the criteria for mandatory outpatient treatment. This petitioner has not filed a petition for rescission of the order within the past 90 days and requests that the court schedule a hearing on this petition and provide notice in accordance with § 37.2-817.2 A.

..... **19** .....  
DATE

..... **20** .....  
PETITIONER

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**Data Elements**

1. Insert court case number.
2. Clerk is to insert hearing date, if applicable.
3. Insert court name.
4. Insert name, residence address and mailing address, if different, of person who is subject to order.
5. Insert date of mandatory outpatient treatment order or order authorizing discharge to mandatory outpatient treatment following inpatient treatment.
6. Insert name of employee of community services board.
7. Insert name, address, and telephone and facsimile numbers of community services board.
8. Check this box if petition filed by community services board.
9. Check this box if petition filed by person subject to order.
10. Check this box if petition filed by attorney for person subject to order, and insert name, address, and telephone and facsimile numbers for attorney.
11. Check this box if petition filed by community services board prior to expiration of the relevant order, and check box for Data Element No. 14 or 15.
12. Check appropriate box to indicate relevant order.
13. Check appropriate box to indicate relevant plan.
14. If box for Data Element No. 11 is checked, check this box if respondent has complied with the relevant order and no longer meets the criteria for mandatory outpatient treatment, and check box and insert reasons, if applicable.
15. Check this box if rescission of the relevant order is sought for a reason other than that provided for in Data Element No. 14 and attach report.
16. Check appropriate box to indicate relevant order.
17. Check this box if petition filed by person who is subject to the order.
18. Check appropriate box to indicate relevant order.
19. Insert date on which petition signed.
20. Signature of petitioner.