

Using This Revisable PDF Form

1. Copies
 - a. Original - to court.
 - b. Second copy – to juvenile.
2. Prepared by petitioning community services board.
3. Attachments –
 - a. A copy of the most recent mandatory outpatient treatment order.
 - b. A copy of a revised mandatory outpatient treatment plan, if applicable.

MOTION FOR REVIEW OF ORDER FOR MANDATORY OUTPATIENT TREATMENT

Case No. 1

Commonwealth of Virginia VA. CODE §§ 16.1-345.3, 16.1-345.4

2 Juvenile and Domestic Relations District Court CITY/COUNTY

In re 3 NAME OF JUVENILE

4 ADDRESS () TELEPHONE NUMBER

Current location of juvenile, if different:

5 NAME AND ADDRESS OF FACILITY

CITY STATE ZIP CODE () TELEPHONE NUMBER

6 NAME AND ADDRESS OF PARENT/GUARDIAN/LEGAL CUSTODIAN

NAME AND ADDRESS OF PARENT/GUARDIAN/LEGAL CUSTODIAN

Petitioner 7 NAME AND ADDRESS OF PETITIONING AGENCY

CITY STATE ZIP CODE () TELEPHONE NUMBER

Original petitioner for involuntary treatment of juvenile, if different:

8 NAME AND ADDRESS

CITY STATE ZIP CODE () TELEPHONE NUMBER

This motion for a hearing pursuant to Virginia Code § 16.1-345.4 to review a mandatory outpatient treatment ordered entered on 9 DATE of which the juvenile is the subject and a copy of which is attached and incorporated, is filed in accordance with the provisions of Virginia Code

10 [] § 16.1-345.2 by the community services board responsible for developing the comprehensive mandatory treatment plan within 5 days of the entry of the order, because the services necessary for the treatment of the juvenile's mental illness 11 [] are not available. Specify unavailable service(s): 12 [] cannot be provided to the juvenile in accordance with the order. Specify reason(s): 13 [] Additional sheet(s) attached and incorporated by reference. Accordingly, the petitioner requests that the court schedule a hearing pursuant to § 16.1-345.4 and provide notice to the juvenile who is the subject of the mandatory outpatient treatment order, the juvenile's parents, the juvenile's attorney, and this petitioning community services board, which is responsible for developing the comprehensive mandatory outpatient treatment plan.

14 [] § 16.1-345.3(D) by the community services board responsible for monitoring the juvenile's compliance with the comprehensive mandatory outpatient treatment plan, such board having determined that the juvenile has complied with the mandatory outpatient treatment order and that continued mandatory outpatient treatment is no longer necessary. Accordingly, the petitioner requests that the court schedule a hearing to be held pursuant to § 16.1-345.4, appoint an attorney to represent the juvenile if the juvenile is not represented by counsel, appoint a guardian ad litem for the juvenile, and provide notice of the hearing pursuant to § 16.1-345.4(A). In accordance with the provisions of § 16.1-345.4(A), the names and addresses of all treatment providers listed in the comprehensive mandatory outpatient treatment order are provided to the clerk on an attached sheet.

Data Elements, *page one*

1. Insert court case number.
2. Insert court name.
3. Insert name of juvenile.
4. Insert address and telephone number of juvenile.
5. Insert name, address and telephone number of facility where juvenile is located if different from address in Data Element No. 4.
6. Insert name(s) and address(es) of parent, guardian or legal custodian.
7. Insert name, address and telephone number of petitioning agency.
8. Insert name, address and telephone number of original petitioner for involuntary treatment of juvenile, if different from the current petitioner.
9. Insert date of mandatory outpatient treatment order.
10. Check this box if it is within 5 days of entry of the mandatory outpatient treatment order and the services specified in the mandatory outpatient treatment order are unavailable or cannot be provided.
11. Check this box if the services are not available, and specify the unavailable services.
12. Check this box if the services cannot be provided, and specify the reason.
13. Check this box if additional sheets are attached.
14. Check this box if it has been determined that the juvenile has complied with the mandatory outpatient treatment order and that continued mandatory outpatient treatment is no longer necessary.

Case No. 1

[] § 16.1-345.3(B) by the community services board responsible for monitoring the juvenile's compliance with the comprehensive mandatory outpatient treatment plan, such board having determined that the juvenile materially failed to comply with the mandatory outpatient treatment order. Describe noncompliance:

.....
.....
.....

3 [] Additional sheet(s) attached and incorporated by reference.

4 { This monitoring community services board files its motion
[] within 3 days of making its determination of the juvenile's noncompliance.
[] within 24 hours of the juvenile's detention under a temporary detention order.

Accordingly, the petitioner requests that this court schedule a hearing to be held pursuant to § 16.1-345.4, appoint an attorney to represent the juvenile if the juvenile is not represented by counsel, appoint a guardian ad litem for the juvenile, and provide notice of the hearing pursuant to § 16.1-345.4(A).

In accordance with the provisions of § 16.1-345.4(A), the names and addresses of all treatment providers listed in the comprehensive mandatory outpatient treatment order are provided to the clerk on an attached sheet.

5 [] Appointment of an evaluator in accordance with § 16.1-345.4(B) to perform an examination of the juvenile subject to the comprehensive mandatory outpatient treatment plan and to include all applicable requirements of § 16.1-342 is requested by [] the petitioning community services board []

NAME OF PERSON OR AGENCY REQUESTING EVALUATION

8 ADDRESS CITY/COUNTY STATE ZIP CODE () TELEPHONE NUMBER

Evaluator: 9 NAME AND ADDRESS OF EVALUATOR

CITY STATE ZIP CODE () TELEPHONE NUMBER

The following disposition is recommended by the petitioner:

10 [] Involuntary admission to NAME OF FACILITY for a period of treatment not to exceed 30 days from the date of this order.

11 [] Renewal of the mandatory outpatient treatment plan:
[] without modification. OR
[] with substantive modifications to the mandatory outpatient treatment plan as set forth in the attached revised plan. OR
[] with the following modifications

12 [] Additional sheet(s) attached and incorporated by reference.

13 [] Rescission of the mandatory outpatient treatment order.

14 DATE

15 PETITIONER

Data Elements, page two

1. Insert court case number.
2. Check this box if the juvenile has failed to materially comply with the mandatory outpatient treatment plan, and describe the noncompliance.
3. Check this box if additional sheets are attached.
4. Check the applicable box.
5. Check this box if the appointment of an examiner is requested.
6. Check this box if the appointment of an examiner is requested by the petitioning community services board.
7. Check this box if the appointment of an examiner is requested by another agency or person, and insert name of person or agency.
8. Insert address of person or agency requesting the appointment of an examiner.
9. Insert the name and address of the recommended examiner.
10. Check this box if involuntary admission to a facility is recommended, and insert name of recommended facility.
11. Check this box if renewal of the mandatory outpatient treatment plan is recommended. Check the appropriate box and insert information, if applicable.
12. Check this box if additional sheets are attached.
13. Check this box if rescission of the mandatory outpatient treatment order is recommended.
14. Insert date when this petition is signed.
15. Signature of petitioner.