## **Using This PDF Revisable Form**

- 1. Copies
  - a. Original to court
  - b. Copy to community services board that requested issuance of order.
- 2. Prepared by employee or designee of community services board and by magistrate.
- 3. Attachments none.
- 4. Preparation details
  - a. Data Element Nos. 1-19 prepared by employee or designee of community services board.
  - b. Data Element Nos. 20-23 prepared by magistrate.

DISTRICT COURT FORMS
PDF INSTRUCTIONS
JULY 2018

ORDER FOR TRANSPORTATION TO	Temporary Detention Order No	1
ALTERNATIVE FACILITY OF		
TEMPORARY DETENTION (JUVENILE) Commonwealth of Virginia VA. CODE § 16.1-340.2	Case No <b>2</b>	
3	. Juvenile and Domestic Relations District Court	
CITY OR COUNTY		_
In re <b>4</b>	5	6
NAME OF JUVENILE	DATE OF BIRTH	GENDER
7	8	
RESIDENCE ADDRESS	MAILING ADDRESS IF DIFFERE	NT
CITY STATE ZIP CODE	CITY STATE	ZIP CODE
<b>REQUEST FOR TRANSPORTATION ORDER:</b>		
An alternative facility has been identified following transfer of order issued pursuant to Virginia Code § 16.1-340.1, to the initial the alternative transportation provider that provided transportation Pursuant to § 16.1-340.2(C), the undersigned is requesting an edetention indicated on the temporary detention order to the alternative facility for the sum of t	tial facility of temporary detention by the law-enforction to the initial facility in accordance with § 16.1-3 order authorizing transportation from the initial facility.	ement agency or 40.2(B).
<b>9</b> [ ] The criteria set forth in § 16.1-340.2(B) are met in this case	· · · · · ·	
NAME RELATIONSHIP TO JUVENILE.	/TITLE FACILITY/AGENCY	TELEPHONE NUMBER
who is available, willing, and able to provide transportation detention to the alternative facility of temporary detention  [ ] Transportation of the juvenile to the initial facility of alternative transportation provider being proposed about [ ]	based upon the following: temporary detention was previously ordered to be prove.	
	12 NAME OF INITIAL FACILITY	
13		13
ADDRESS	TELEPHO	ONE NUMBER
Alternative facility of temporary detention:		
	AME OF ALTERNATIVE FACILITY	
15		15
ADDRESS	TELEPHO	ONE NUMBER
16	17	
DATE	SIGNATURE OF CSB [ ] EMPLOYEE [ ] DI	ESIGNEE
18		
PRINT NAME OF CSB [ ] EMPLOYEE [ ] DESIGNEE	COMMUNITY SERVICES BOARD	
ORDER FOR TRANSPORTATION:		
Having considered the above request for an order authorizing t		trate finds that
<b>20</b> [] the criteria set forth in § 16.1-340.2(B) are met in this case		
NAME RELATIONSHIP TO JUVENILE is available, willing, and able to provide transportation of transportation provider to transport the juvenile from the i temporary detention.	the juvenile in a safe manner, and orders the named	
<b>21</b> [] the criteria set forth in § 16.1-340.2(B) are not met in this	case and no alternative transportation provider is ava-	ailable, willing, and
able to provide transportation in a safe manner, and orders	0.4	
to transport the juvenile from the initial facility of tempora		
22	23	
DATE	MAGISTRATE	

## ORDER FOR TRANSPORT TO ALTERNATIVE FACILITY OF TEMPORARY DETENTION (JUVENILE)

## **Data Elements**

- 1. Temporary detention order number.
- 2. Case number.
- 3. Insert name of court.
- 4. Name of juvenile who has been detained under a temporary detention order.
- 5. Date of birth of juvenile.
- 6. Gender of juvenile.
- 7. Residence address of juvenile.
- 8. Mailing address of juvenile, if different from residence address.
- 9. Insert name, relationship to juvenile or title, facility or agency, and telephone number of proposed alternative transportation provider, if applicable.
- 10. Check appropriate box indicating whether proposed alternative transportation provider was previously ordered to transport the juvenile to the initial facility of temporary detention. Insert information as appropriate.
- 11. Check this box if there is no proposed alternative transportation provider and transportation by law enforcement officer is being requested.
- 12. Name of initial facility of temporary detention.
- 13. Address and telephone number of initial facility of temporary detention.
- 14. Name of alternative facility of temporary detention.
- 15. Address and telephone number of alternative facility of temporary detention.
- 16. Insert date request was signed by employee or designee of community services board.
- 17. Signature of employee or designee of community services board. Check appropriate box.
- 18. Print name of employee or designee of community services board.
- 19. Insert name of community services board.
- 20. Check this box if the criteria set forth in Va. Code § 16.1-340.2(B) are met. Insert appropriate information for alternative transportation provider.
- 21. Check this box if the criteria set forth in Va. Code § 16.1-340.2(B) are not met. Insert name of law-enforcement agency ordered to transport the juvenile to alternative facility.
- 22. Date signed by magistrate.
- 23. Signature of magistrate.

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