## PETITION TO CONTINUE MANDATORY **OUTPATIENT TREATMENT**

## **Using This Revisable PDF Form**

- 1. Copies
  - a. Original to court.
  - b. Second copy to respondent.
- 2. Prepared by petitioner.
- 3. Attachments
  - a. A document signed by the respondent indicating the respondent is joining in the petition, if applicable.
  - b. A document signed by an employee of the monitoring community services board indicating the employee of that community services board is joining in the petition, if applicable.

DISTRICT COURT FORMS PDF INSTRUCTIONS

OUTPATIENT TREA	TMENT		Case No.			
Commonwealth of Virginia	VA. CODE § 37.2-817.4		Hearin	g Date	2	
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				eneral Distric	t Court	
	CITY OR COUNTY					
In re						
	NAME OF RESPONDENT					
RESIDENCE ADDRESS			MAILING ADDRESS IF DIFFERENT			
CITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE
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	ADDRESS OF PETITIONER				TELEPHONE NUM	MBER
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## **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 respondent.
- 5. Insert name of petitioner, and nature of petitioner's relationship to respondent.
- 6. Insert name of agency/facility, address and telephone and facsimile numbers for petitioner.
- 7. Check appropriate box.
- 8. Insert date of order checked in Data Element No. 7.
- 9. Insert number of days for which it is requested that the order checked in Data Element No. 7 be continued.
- 10. Insert date signed by petitioner.
- 11. Signature of petitioner.
- 12. Check this box if the petitioner is the treating physician or other responsible person, and the respondent and the community services board both join in the petition.
- 13. Check this box if the respondent joins in the petition. Check the applicable box regarding the respondent's signature.
- 14. Check appropriate box.
- 15. Insert date signed by respondent, if applicable.
- 16. Signature of respondent, 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 community services board joins in the petition. Check the applicable box regarding the signature of the employee of the community services board.
- 21. Check appropriate box.
- 22. Insert date signed by community services board employee, if applicable.
- 23. Signature of community services board employee, if applicable.

DISTRICT COURT FORMS

PDF INSTRUCTIONS
JULY 2010