Using This Revisable PDF Form

- 1. Copies
 - a. Original to court.
 - b. Second copy to respondent (patient), if possible.
 - c. To licensed physician conducting evaluation, if possible.
- 2. Prepared by physician or magistrate, if request made by oral petition.
- 3. Attachments none.
- 4. Preparation details –

If the petition is taken by phone, the magistrate must read the transcription of the petition back to the physician and indicate a date and time that the physician agreed to the transcription and insert his or her signature. The magistrate should print the physician's name in the signature blank for the physician.

DISTRICT COURT FORMS PDF INSTRUCTIONS

	RGENCY CUSTODY PETITION rginia VA. CODE § 37.2-1103	Case No
	2	[] General District Court[] Circuit Court
	CITY OR COUNTY	
NAME OF RESPONDE	3 nt	ADDRESS OF RESPONDENT
I,	4	, a licensed physician, state that:
I have communicated	NAME OF PHYSICIAN	on the scene and attempted to communicate with the
	consent of the respondent for treatment of the fol	lowing mental or physical disorder
and have famed to obta	nin such consent. nin the judge's or magistrate's jurisdiction at	
	NAME AND ADDRESS OF LOCATION	ON OF RESPONDENT
disorder, has refused to	ransport to obtain treatment, has indicated an int	ision on treatment of the above-described mental or physica ention to resist transport, and is unlikely to become capable in the time required for such decision because of:
[] the following phys	sical injury or illness:	
[] an undiagnosed ph	nysical injury or illness whose symptoms are:	
		order who is mentally competent and able to communicate and the respondent is not such a person to the best of my
	of care indicates that the following testing, obsert imminent and irreversible harm:	rvation or treatment of the above-described disorder should
	9	
(Check and complete i	·	ecause of the following religious beliefs or basic values:
11		12
DATE AND TIN	1E	PHYSICIAN'S SIGNATURE
[] Oral petition by a	bove-named physician, who agreed with this tran	nscription when it was read back to him.
14		15
DATE AND TIM	 IE	SIGNATURE OF MAGISTRATE

Data Elements

- 1. Insert court case number.
- 2. Insert court name. Check appropriate box.
- 3. Insert name and permanent address of patient/respondent.
- 4. Insert name of licensed physician who is initiating the petition for emergency custody.
- 5. Describe the injury or illness.
- 6. Insert current location of patient.
- 7. Check this box and indicate a known physical or mental condition that is making the respondent unable or unwilling to consent to treatment.
- 8. Check this box and insert the symptoms of an unknown physical or mental condition that is making the respondent unable or unwilling to consent to treatment.
- 9. Insert a description of the testing, observation or treatment needed to prevent imminent and irreversible harm.
- 10. Check box and indicate the religious practices of the respondent that are the basis for his or her desire not to receive treatment.
- 11. Insert date and time when the petition is signed or requested.
- 12. Signature or printed name of the physician requesting Medical Emergency Custody Order. See Preparation Details under Using This Form.
- 13. Check this box if the physician agrees with the contents of this petition when the magistrate read the transcription back to him or her, if applicable.
- 14. Insert date and time when the magistrate read the transcription of the petition and it was agreed to by the physician, if applicable.
- 15. Signature of magistrate taking the oral petition, if applicable.

DISTRICT COURT FORMS

PDF INSTRUCTIONS
DECEMBER 2010