TRACKING DOCUMENT FOR SENDING OR RECEIVING MANDATORY OUTPATIENT TREATMENT ORDER UPON ENTRY

| Case No. | |
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| Commonwealth of Virg | inia VA. CODE § 16.1- | 345.2 | | | | | |
|---|--|--|---|---|---|--|--|
| | CITY OR COUNTY | | Juvenile | e and Domestic Relations Dist | rict Court | | |
| MAILING ADDRESS OF CO |)URT | | | | ILE NUMBER | | |
| | | | | | | | |
| | JUVENILE | | | CURRENT LOCATION OF JUVENILE | | | |
| | DENCE ADDRESS OF JUVENIL | | | MAILING ADDRESS IF DIFFERE | NT | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE | | |
| | SERVICES BOARD SERVING | | | FACSIM | ILE NUMBER | | |
| ADDRESS OF COMMUNITY SERVICES BOARD SERVING THIS JURISDIC | | | |) TELEPHO | (TELEPHONE NUMBER | | |
| An Order for Mand [] Clerk of Court – DATE OF E ad litem, and to t outpatient treatm | This is to document promote to the justification to | etment Plan has been oviding a copy of the venile, to the juvenile board responsible for | en entered and e mandatory out le's parents, to t or monitoring th | this form is being used as in patient treatment order entered the juvenile's attorney, to the juvenile's compliance with a payon outpatient treatment order | dicated below. d on uvenile's guardian the mandatory | | |
| | This is to document rectient treatment order. | eiving and filing the | e community ser | rvices board's acknowledgeme | ent of receipt of the | | |
| DATE | | by | SIGNA | PRINT NAME OF CLERK ATURE OF [] CLERK [] DEPUTY CLE | ERK | | |
| DATE | PRINT NAME | for | | SIGNATURE OF CSB EMPLOYEE COMMUNITY SERVICES BOARD | | | |
| | | by | | PRINT NAME OF CLERK | | | |
| DATE | | | SIGNA | ATURE OF [] CLERK [] DEPUTY CLE | ERK | | |