

Using This Revisable PDF Form

1. Copies
 - a. Original - to court.
 - b. Second copy – to respondent.
2. Prepared by petitioner.
3. Attachments – none.

WAIVER OF CONFIDENTIALITY OF COURT RECORDS – COMMITMENT FOR INVOLUNTARY TREATMENT

Case No. 1

Commonwealth of Virginia VA. CODE § 37.2-818

[] Circuit Court [] General District Court

2 CITY OR COUNTY

1. I, 3, the undersigned, 4 was the subject of a hearing for involuntary admission or mandatory outpatient treatment held on DATE OF HEARING

at 5 LOCATION OF HEARING

2. My current address and telephone number are:

6 STREET ADDRESS OF SUBJECT OF HEARING MAILING ADDRESS IF DIFFERENT CITY STATE ZIP CODE () TELEPHONE NUMBER

In accordance with Virginia Code § 37.2-818 B, I hereby waive the right to confidentiality of the following:

7 [] the dispositional order entered pursuant to Virginia Code § 37.2-817, OR

8 [] all court records pertaining to my case.

9 DATE

10 SIGNATURE OF PERSON WAIVING [] SUBJECT OF HEARING [] ATTORNEY

11 DATE

12 SIGNATURE OF WITNESS (TO SIGNATURE OF SUBJECT OF HEARING)

13 PRINT NAME OF WITNESS ADDRESS TELEPHONE NUMBER

14 PRINT NAME OF ATTORNEY ADDRESS TELEPHONE NUMBER

CLERK'S OFFICE USE Received and filed: 15 DATE [] CLERK [] DEPUTY CLERK 16

Data Elements

1. Insert court case number.
2. Insert court name. Check appropriate box.
3. Insert name of person who was the subject of commitment hearing.
4. Insert person's date of birth.
5. Insert date and location of commitment hearing.
6. Insert current street address, mailing address if different and telephone number of person who was the subject of commitment hearing.
7. Check this box if the person who was the subject of commitment hearing waives the right to confidentiality for the dispositional order.
8. Check this box if the person who was the subject of commitment hearing waives the right to confidentiality of all court records pertaining to the case.
9. Insert date signed by person waiving confidentiality.
10. Signature of person waiving confidentiality. Check the applicable box indicating whether the subject of the hearing or the attorney is waiving confidentiality.
11. Insert date signed by witness to signature of person who was the subject of the hearing.
12. Signature of witness to signature of person who was the subject of the hearing.
13. Insert name, address and telephone number of witness.
14. Insert name, address and telephone number of attorney.
15. **To be filled out by clerk.** Insert date form was received and filed.
16. **To be filled out by clerk.** Signature of clerk. Check appropriate box below the signature line.