## TRACKING DOCUMENT FOR SENDING OR RECEIVING MANDATORY OUTPATIENT TREATMENT ORDER UPON TRANSFER

Case No.	
----------	--

	CITY OR COUNTY		Juvenile	and Domestic	Relations Distri	ct Court	
MAILING ADDRESS OF COUR	 RT				FACSIMILE		
n re							
NAME OF	JUVENILE	CURRENT LOCATION OF JUVENILE					
RI	MAILING ADDRESS IF DIFFERENT						
TITY	STATE	ZIP CODE				ZIP CODE	
COMM	THE JURISDICTION OF THIS (				IUMBER		
ADDRESS OF O	F THIS COURT	(		NUMBER			
nd domestic relatio ndicate what you ar ignatory, as applica	upon transfer of jurisdictions district court in the locate documenting or acknowlede.  sfer of Jurisdiction Purisdiction	cality where the juve vledging, complete t	nile who is the s he signature por	subject of the ortion of the for	order resides. Usom, and transmit	e one check box to to the next or last	
his form is being u	used as indicated below. eror" court is the court that					-	
court to which	ch the case is being transf	erred.		•			
	eree Court – This is to do	_			-		
	n order for mandatory ou at court of such receipt.	upatient treatment w	as entered by th	e transferor co	ourt on	,	
outpatient treatr	vices Board (Transferee and the order the to the community services).	o transfer jurisdiction	on of the case, a	nd to documer	it sending a copy		
	rvices Board (Transferor Jacknowledgement of received					ooard of receipt of	
serving the juris	eror Court – This is to do diction of the transferee tory outpatient treatment	court and notifying t	he community s	nowledgement services board	of the communities serving this juris	ty services board diction that the	
				PRINT NAM	ME OF CLERK		
	by						
DATE			SIG	NATURE OF [ ] CLEF	RK[] DEPUTY CLERK		
DATE				SIGNATURE OF	CSB EMPLOYEE		
		for		SIGNATURE OF	· CSB EMPLOTEE		
	LINT NAME OF EMPLOYEE	101		COMMUNITY S	ERVICES BOARD		
DATE				SIGNATURE OF	CSB EMPLOYEE		
	LINT NAME OF EMPLOYEE	for		COMMUNITY S	ERVICES BOARD		
		h.,		PRINT NAM	ME OF CLERK		
DATE		by	SIG	NATURE OF [ ] CLEF	RK[] DEPUTY CLERK		