

**PETITION FOR REVIEW OF  
MANDATORY OUTPATIENT TREATMENT**

Commonwealth of Virginia VA. CODE § 37.2-817.1

Case No. ....

..... General District Court  
CITY/COUNTY

In re .....  
NAME OF RESPONDENT

..... ADDRESS

CITY STATE ZIP CODE TELEPHONE NUMBER

Current location of respondent, if different:

..... NAME AND ADDRESS OF FACILITY

CITY STATE ZIP CODE TELEPHONE NUMBER

Community Services Board: [ ] Original Petitioner

..... EMPLOYEE OF COMMUNITY SERVICES BOARD TELEPHONE NUMBER

..... NAME OF COMMUNITY SERVICES BOARD FACSIMILE NUMBER

..... ADDRESS OF COMMUNITY SERVICES BOARD

CITY STATE ZIP CODE

Petitioner (if not community services board or respondent): [ ] Original Petitioner

..... NAME AND ADDRESS

CITY STATE ZIP CODE TELEPHONE NUMBER

Original petitioner for involuntary treatment of respondent (if not otherwise named above):

..... NAME AND ADDRESS

CITY STATE ZIP CODE TELEPHONE NUMBER

This petition is filed by

- [ ] the monitoring community services board.
- [ ] the person subject to the order.
- [ ] a treatment provider designated in the comprehensive mandatory outpatient treatment plan.
- [ ] a health care agent designated in an advance directive of the person subject to order.
- [ ] a guardian or other person authorized to make health care decisions pursuant to Virginia Code § 54.1-2986 as respondent has been determined to be incapable of making an informed decision.
- [ ] such other person who originally filed the petition that resulted in the entry of the order involving mandatory outpatient treatment.

This petition requests a hearing to review an order involving mandatory outpatient treatment entered on

....., of which the respondent is the subject, and a copy of which is attached and incorporated.  
DATE OF ORDER

The following disposition is recommended in accordance with Virginia Code § 37.2-817.1:

**ENFORCE** the order involving mandatory outpatient treatment and require the person subject to the order to adhere to the comprehensive mandatory outpatient treatment plan as requested by

the community services board, due to the person's material nonadherence to the plan and the person's failure or refusal to cooperate with efforts of the community service board or providers of services identified in the plan to address the factors leading to the person's material nonadherence.

Describe material nonadherence:

.....

Additional sheet(s) attached and incorporated by reference.

such other petitioner for the following reasons:

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**MODIFY** the order involving mandatory outpatient treatment or the comprehensive mandatory outpatient treatment plan due to a change in circumstances, including changes in the condition, behavior, living arrangement, or access to services of the person who is subject to the order

Describe change in circumstances:

.....

Additional sheet(s) attached and incorporated by reference.

with substantive modifications to the plan as set forth in the attached revised plan OR

with the following modifications

.....

Additional sheet(s) attached and incorporated by reference.

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**RESCIND** the order involving mandatory outpatient treatment as requested by

the community services board

for the reasons provided in the attached report, which is incorporated by reference.

for the following reasons:

.....

pursuant to Virginia Code § 37.2-817.01(H), as the services necessary for the treatment of the respondent's mental illness

are not available. Specify unavailable service(s):

.....

cannot be provided to the person in accordance with the order. Specify reason(s):

.....

Additional sheet(s) attached and incorporated by reference.

the person subject to the order. This petition is filed no earlier than 30 days after the entry of the order involving mandatory outpatient treatment, and a petition has not been filed within the past 90 days.

such other petitioner for the following reasons:

.....

Case No. ....

[ ] Appointment of an examiner pursuant to § 37.2-817.1(E) to perform an examination of the person subject to the comprehensive mandatory outpatient treatment plan that is to include all applicable requirements of § 37.2-815 is requested by

[ ] the community services board [ ] .....  
NAME OF PERSON OR AGENCY REQUESTING EVALUATION

Proposed Examiner: .....  
NAME AND ADDRESS OF EXAMINER

.....  
CITY STATE ZIP CODE TELEPHONE NUMBER

Accordingly, it is requested that this court schedule a hearing to be held pursuant to § 37.2-817.1 to review the comprehensive mandatory outpatient treatment plan and the order involving mandatory outpatient treatment; appoint an attorney to represent the respondent if the respondent is not represented by counsel; and provide notice of the hearing pursuant to § 37.2-817.1(D).

In accordance with the provisions of § 37.2-817.1(D), the names and addresses of all treatment providers listed in the comprehensive mandatory outpatient treatment order or plan are provided to the clerk on the attached sheet.

.....  
DATE

.....  
PETITIONER