

**ORDER FOR TRANSPORTATION TO
ALTERNATIVE FACILITY OF
TEMPORARY DETENTION**

Commonwealth of Virginia VA. CODE § 37.2-809

Temporary Detention Order No.

Case No.

..... General District Court

CITY OR COUNTY

In re
NAME OF RESPONDENT DATE OF BIRTH GENDER

RESIDENCE ADDRESS

MAILING ADDRESS IF DIFFERENT

CITY STATE ZIP CODE CITY STATE ZIP CODE

REQUEST FOR TRANSPORTATION ORDER:

An alternative facility has been identified following transfer of custody of the respondent, who is the subject of a temporary detention order issued pursuant to Virginia Code § 37.2-809, to the initial facility of temporary detention by the law-enforcement agency or the alternative transportation provider that provided transportation to the initial facility in accordance with § 37.2-810(B).

Pursuant to § 37.2-810(C), the undersigned is requesting an order authorizing transportation from the initial facility of temporary detention indicated on the temporary detention order to the alternative facility of temporary detention, and states that

[] The criteria set forth in § 37.2-810(B) are met in this case and the undersigned requests an order authorizing transportation by

.....
NAME RELATIONSHIP TO RESPONDENT/TITLE FACILITY/AGENCY TELEPHONE NUMBER
who is available, willing, and able to provide transportation of the respondent in a safe manner from the initial facility of temporary detention to the alternative facility of temporary detention based upon the following:

[] Transportation of the respondent to the initial facility of temporary detention was previously ordered to be provided by the same alternative transportation provider being proposed above.

[]

[] As there is no alternative transportation provider available, willing, and able to provide transportation of the respondent in a safe manner, an order authorizing a law-enforcement agency to transport the respondent from the initial facility of temporary detention to the alternative facility of temporary detention is requested.

Initial facility of temporary detention:
NAME OF INITIAL FACILITY

ADDRESS

TELEPHONE NUMBER

Alternative facility of temporary detention:
NAME OF ALTERNATIVE FACILITY

ADDRESS

TELEPHONE NUMBER

DATE

SIGNATURE OF [] CSB EMPLOYEE [] CSB DESIGNEE [] CERTIFIED EVALUATOR

PRINT NAME OF [] CSB EMPLOYEE [] CSB DESIGNEE [] CERTIFIED EVALUATOR

COMMUNITY SERVICES BOARD OR FACILITY

ORDER FOR TRANSPORTATION:

Having considered the above request for an order authorizing transportation of the respondent, the undersigned magistrate finds that

[] the criteria set forth in § 37.2-810(B) are met in this case and

.....
NAME RELATIONSHIP TO RESPONDENT/TITLE FACILITY/AGENCY TELEPHONE NUMBER
is available, willing, and able to provide transportation of the respondent in a safe manner, and orders the named alternative transportation provider to transport the respondent from the initial facility of temporary detention to the alternative facility of temporary detention.

[] the criteria set forth in § 37.2-810(B) are not met in this case and no alternative transportation provider is available, willing, and able to provide transportation in a safe manner, and orders any authorized officer of

LAW-ENFORCEMENT AGENCY

to transport the respondent from the initial facility of temporary detention to the alternative facility of temporary detention.

DATE

MAGISTRATE