DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

Case/TDO #_____

☐ Circuit Court
☐ Juvenile & Domestic Relations District Court
☐ General District Court

_____
City/County

Court Order Regarding Treatment and Judicial Certifications

In the matter of _____ _____ _____
First name Middle Name Last Name (Respondent)

A. Hearing

A petition for the involuntary admission for inpatient treatment or mandatory outpatient treatment of the above-named person pursuant to Virginia Code §§ 37.2-809 through 37.2-819 having been filed, such person (the respondent) appeared before the court for a hearing on _____ (Date). At the commencement of the hearing, the respondent was informed by the court of the cause and nature of the proceeding; of his/her right to apply for voluntary admission for inpatient treatment as provided in §37.2-805 for a minimum period and that he/she would be prohibited from possessing or purchasing a firearm pursuant to §18.2-308.1:3 upon voluntary admission; of his/her right to a full and impartial hearing in the event that he/she is incapable of or unwilling to apply for voluntary admission; and of his/her right to counsel, the basis for his/her detention, the standard upon which he/she may be detained and treated on an involuntary basis, his/her right to appeal the decision to the circuit court, and his/her right to a jury on appeal.

☐ I certify that the respondent was represented by counsel.

B. Participants in Hearing

The following persons were present at the hearing:
☐ Respondent ☐ Respondent did not attend; explain:

☐ Petitioner
☐ Independent examiner
☐ in person or ☐ by two-way audio/video communication ☐ telephonically
☐ Attending or treating physician
☐ in person or ☐ by two-way audio/video communication ☐ telephonically
☐ Community Services Board (CSB) representative:
☐ in person or ☐ by two-way audio/video communication ☐ telephonically
CSB representative name: _____
CSB representative telephone number: _____
CSB: _____
☐ Interpreter, name:_____
☐ The following persons were all present at the hearing:

_____ _____ _____
Name Address Relationship/Title

_____ _____ _____
Name Address Relationship/Title

_____ _____ _____
Name Address Relationship/Title

_____ _____ _____
Name Address Relationship/Title

_____	_____	_____
First name	Middle Name	Last Name (Respondent)

C. Disposition of Petition

[***Check*** only one of the following four dispositional alternatives]

1) ***Voluntary treatment in hospital***

☐ The court finds that the respondent has been under a temporary detention order and is willing and capable of seeking voluntary inpatient treatment and has agreed to accept such treatment for a minimum period of 72 hours and thereafter to give 48 hours notice of his/her intention to leave, unless sooner discharged. Based upon the respondent's agreement to these requirements of §37.2-814B the petition is hereby dismissed. The Clerk shall certify and provide a copy of this order to the Central Criminal Records Exchange pursuant to § 37.2-819.

Having observed the respondent, who is alleged to be in need of hospitalization or treatment, and having considered the recommendations of the treating physician or psychologist, if available, any past actions of the person, any past mental health treatment of the person, the examiner's certification, any health records available, the preadmission screening report and any other relevant evidence that has been admitted:

2) ***Dismissal***

☐ I find that the respondent does not meet the criteria for involuntary admission or treatment, and, therefore, the case is dismissed and the facility shall release the respondent from involuntary custody.

3) ***Involuntary inpatient treatment***

☐ I find, by clear and convincing evidence, that:

☐ The respondent has a mental illness, and there is a substantial likelihood that, as a result of mental illness, he/she will in the near future:

☐ cause serious physical harm to himself/herself as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any

☐ cause serious physical harm to others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any

☐ suffer serious harm due to his/her lack of capacity to protect himself/herself from harm or to provide for his/her basic human needs. AND

☐ All available less restrictive alternatives to involuntary inpatient treatment that would offer an opportunity for the improvement of the respondent's condition have been investigated and determined to be inappropriate.

I, therefore, so certify and order the respondent's involuntary admission for ☐ _____ days ☐ a period not to exceed 30 days ☐ a period not to exceed 180 days if this is a recommitment, at the following facility: _____

4) ***Mandatory outpatient treatment***

☐ I find, by clear and convincing evidence, that:

☐ The respondent has a mental illness, and there is a substantial likelihood that, as a result of mental illness, the person will, in the near future:

☐ cause serious physical harm to himself/herself as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any

☐ cause serious physical harm to others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any

☐ suffer serious harm due to his/her lack of capacity to protect himself/herself from harm or to provide for his/her basic human needs. AND

☐ Less restrictive alternatives to involuntary inpatient treatment that would offer an opportunity for the respondent to improve his condition have been investigated and determined to be appropriate. AND

☐ The respondent has sufficient capacity to understand the stipulations of his treatment, has expressed an interest in living in the community and has agreed to abide by his treatment plan, and has the capacity to comply with the treatment plan and understand and adhere to the conditions and requirements of the treatment and services. AND

☐ The ordered treatment can be delivered on an outpatient basis by the community services board or other designated providers.

_____ _____ _____
First name Middle Name Last Name (Respondent)

And furthermore, I find that:
☐The ordered treatment is actually available in the community, and
☐The providers of the ordered treatment have agreed to deliver the services.

Accordingly, I so certify and order that the respondent be involuntarily admitted to mandatory outpatient treatment for ☐ _____ days, ☐ a period not to exceed 90 days and further order the respondent to comply with the initial mandatory outpatient treatment plan, the comprehensive mandatory outpatient treatment plan, and with any modifications thereof that are filed with the court in this proceeding, which plans are incorporated by reference in this order.

☐ The _____ CSB shall monitor implementation of the mandatory outpatient treatment plan and report any material noncompliance to the court.

☐ I hereby transfer jurisdiction to _____ General District Court.

☐ To the extent that any health records of the person who is the subject of this and any subsequent related proceeding are subject to the federal Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, or the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g and the regulations promulgated thereunder, the respondent has agreed, as a condition of this mandatory outpatient treatment order, to authorize the disclosure of any such records or information to the court, the magistrate, any examiner identified pursuant to § 37.1-815, his/her attorney, the community services board and any other providers identified in the initial or comprehensive treatment plan or any modifications thereof that may be necessary to monitor and enforce compliance with this order or to provide treatment to the person and has signed such authorization on a form supplied by the CSB.

D. Release of Records:
It is further ordered:
Pursuant to § 37.2-818 C that copies of the relevant records of the subject of this order be released to the treatment facility in which the person has been placed under this order, if any; to the community services board of the jurisdiction where he resides, to the treatment providers identified in any mandatory outpatient treatment plan attached to or incorporated into this order and to any other treatment providers or entities involved in the development or implementation of the mandatory outpatient treatment plan.

Pursuant to §§ 37.2-804.2 and 37.2-817.K any health care provider, as defined in § 32.1-127.1:03, or other provider who has provided or is currently providing services to the person who is the subject of this and any subsequent related proceedings shall upon request, disclose to a magistrate, the court, the person's attorney, the person's guardian *ad litem*, the examiner identified to perform an examination pursuant to § 37.2-815, the community services board or its designee performing any evaluation, preadmission screening, or monitoring duties pursuant to this chapter, or a law-enforcement officer any information that is necessary and appropriate for the performance of his duties in this and any subsequent related proceedings. Any health care provider, as defined in § 32.1-127.1:03, or other provider who has provided or is currently evaluating or providing services to the person who is the subject of this and any subsequent related proceedings shall disclose information that may be necessary for the treatment of such person to any other health care provider or other provider evaluating or providing services to or monitoring the treatment of the person. Health records disclosed to a law-enforcement officer shall be limited to information necessary to protect the officer, the person or the public from physical injury or to address the health care needs of the person. Information disclosed to a law-enforcement officer shall not be used for any other purpose, disclosed to others, or retained.

First name | Middle Name | Last Name (Respondent)

E. Transportation to be provided:

☐ I, the undersigned, hereby place the person named in the petition in the custody of
for the sole purpose of transporting the person to the named facility.

☐ I, the undersigned, therefore command you, the said sheriff, other authorized officer or responsible person to deliver the person named in the foregoing petition to the director of the above named facility for treatment in accordance with this order. Furthermore, if admission is denied pursuant to §37.2-823, you are hereby authorized to return the person named in the foregoing petition to this jurisdiction.

So ordered.

Date

☐ Judge ☐ Special Justice

Print Name | Address | Telephone Number

I, the undersigned attorney, certify that I served as counsel for the person named above and that I interviewed such person, provided a written explanation of the involuntary admission process and the statutory protections associated with the process, and explained its contents prior to any hearing. I also certify that I interviewed all witnesses, if any, in behalf of the person named above, and that I did represent such person at all proceedings conducted by me pursuant to the petition.

Signature of Attorney for Respondent ☐ Court-appointed ☐ Retained ☐ Other

Print Attorney Name | Address | Telephone Number