COMMONWEALTH OF VIRGINIA
Va. Code §§ 37.2-800 through 37.2-819

DMHMRSAS 1006-P
7/1/2008

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

Petition for Certification for Involuntary Admission for Treatment

TDO Facility (if applicable) _____ Case/TDO # _____

City
County of _____

In the matter of _____ _____ _____
First Name Middle Name(s) Last Name

Birth Date _____ Gender _____
(MM/DD/YY)

_____ _____ _____ _____
Permanent address/street and number or route number City or post office State Zip code

Resident of _____ ☐ County ☐City,

Who is now located at ☐ the above address, or ☐ _____

I, the undersigned petitioner, being a responsible person, hereby state that the above named person, who is the subject of this petition, has a mental illness, that there exists a substantial likelihood that as a result of mental illness such subject will, in the near future, ☐ cause serious physical harm to ☐ himself/herself or ☐ others or ☐ suffer serious harm due to his/her lack of capacity to protect himself/herself from harm or to provide for his basic human needs, and that the person is unable or unwilling to volunteer for, but is in need of hospitalization or treatment. In support of this petition, I further state the following:

☐ Preadmission screening report has been prepared by the community services board and the report is attached.

Wherefore, your petitioner prays that the person named above be examined and accorded such assistance as provided by law.

Date _____ , 20_____ Signed _____ _____
Petitioner Signature Print Petitioner Name

Relationship to person named above _____ Address _____

Telephone number(s) at which petitioner may be reached: _____ _____ _____
Home Office Other

Commonwealth of Virginia ☐ County ☐ City of _____

The foregoing petitioner, having been duly sworn, affirms that the statements set forth above are true and correct to the best of his/her knowledge and belief.

Subscribed, sworn to and affirmed before me this _____ day of _____, 20 _____

_____
☐ Judge ☐ Magistrate ☐ Special Justice or ☐ Notary Public

My Commission expires on _____ , 20 _____ _____
Print Name Telephone Number

Registration No. _____ , 20 _____ Title _____