

**TRACKING DOCUMENT FOR SENDING  
OR RECEIVING MANDATORY OUTPATIENT  
TREATMENT ORDER UPON ENTRY**

Commonwealth of Virginia VA. CODE § 37.2-817.01

Case No. ....

..... General District Court

CITY OR COUNTY

MAILING ADDRESS OF COURT

FACSIMILE NUMBER

In re

NAME OF RESPONDENT

CURRENT LOCATION OF RESPONDENT

RESIDENCE ADDRESS OF RESPONDENT

MAILING ADDRESS IF DIFFERENT

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

COMMUNITY SERVICES BOARD SERVING THE JURISDICTION OF THIS COURT

FACSIMILE NUMBER

ADDRESS OF COMMUNITY SERVICES BOARD SERVING THE JURISDICTION OF THIS COURT

TELEPHONE NUMBER

This form is for use by community services boards and clerks of court in satisfying the requirements of Virginia Code § 37.2-817.01(I) upon the entry of an order involving mandatory outpatient treatment. Use one check box to indicate what you are documenting or acknowledging, complete the signature portion of the form, and transmit to the next or last signatory, as applicable.

**An Order involving Mandatory Outpatient Treatment has been entered and this form is being used as indicated below.**

Clerk of Court – This is to document providing a copy of the order involving mandatory outpatient treatment entered on ..... to the respondent, to the respondent’s attorney, and to the community services board required to monitor the respondent’s progress and adherence to the comprehensive mandatory outpatient treatment plan.

DATE OF ENTRY

PRINT NAME OF CLERK

DATE

by

SIGNATURE OF  CLERK  DEPUTY CLERK

Community Services Board – This is to acknowledge receipt of the order involving mandatory outpatient treatment to the clerk of court. (Receipt must be acknowledged within five business days of receiving the order from the clerk.)

DATE

SIGNATURE OF CSB EMPLOYEE

PRINT NAME

for

COMMUNITY SERVICES BOARD