
Using This Revisable PDF Form

1. Copies
 - a. Original – to court.
 - b. Copy – to court to which case is being transferred.
 - c. Additional copy – to community services board serving jurisdiction of court to which case is being transferred.
2. Prepared by clerks and employees of community services boards.
3. Attachments – clerk is required to send a copy of the mandatory treatment order with this form.

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

Commonwealth of Virginia VA. CODE § 37.2-817

Case No. 1

2 General District Court
CITY OR COUNTY

MAILING ADDRESS OF COURT FACSIMILE NUMBER

In re 3
NAME OF RESPONDENT CURRENT LOCATION OF RESPONDENT

RESIDENCE ADDRESS OF RESPONDENT MAILING ADDRESS IF DIFFERENT

CITY STATE ZIP CODE CITY STATE ZIP CODE

4 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 subsection J of Virginia Code § 37.2-817 upon transfer of jurisdiction of a case in which a mandatory outpatient treatment order was entered to the general district court in the locality where the person who is the subject of the order resides. 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 for Transfer of Jurisdiction Pursuant to Va. Code § 37.2-817 J has been entered in the above-styled case and this form is being used as indicated below.

Note: The "Transferor" court is the court that is transferring the case to another jurisdiction, and the "Transferee" court is the court to which the case is being transferred.

5 Clerk of Transferee Court – This is to document receiving the court case file and the order for transfer of jurisdiction of the case, in which an order for mandatory outpatient treatment was entered by the transferor court on 6, and to notify that court of such receipt.

7 DATE by 8 PRINT NAME OF CLERK
9 SIGNATURE OF [] CLERK [] DEPUTY CLERK

10 Community Services Board (Transferee Jurisdiction) – This is to acknowledge to the transferor court receipt of the mandatory outpatient treatment order and the order to transfer jurisdiction of the case, and to document sending a copy of this acknowledgement to the community services board serving the jurisdiction of the transferor court. (Receipt must be acknowledged within five business days of receiving the order from the clerk.)

11 DATE 13 SIGNATURE OF CSB EMPLOYEE
12 PRINT NAME OF EMPLOYEE for 12 COMMUNITY SERVICES BOARD

14 Community Services Board (Transferor Jurisdiction) – This is to notify the transferee community services board of receipt of the copy of its acknowledgement of receipt of the mandatory outpatient treatment order and transfer order.

15 DATE 17 SIGNATURE OF CSB EMPLOYEE
16 PRINT NAME OF EMPLOYEE for 16 COMMUNITY SERVICES BOARD

18 Clerk of Transferor Court – This is to document notifying the community services board serving this jurisdiction that the case and mandatory outpatient treatment order have been transferred.

19 DATE by 20 PRINT NAME OF CLERK
21 SIGNATURE OF [] CLERK [] DEPUTY CLERK

Data Elements

1. Insert court case number.
2. Insert name, mailing address and facsimile number of court.
3. Insert name, current location, residence address and mailing address, if different, of respondent.
4. Insert name, address and telephone and facsimile numbers of community services board serving the jurisdiction of the court indicated in Data Element No. 2.
5. **To be filled out by clerk of transferee court.** Check this box to indicate to the transferor court that the court case file and the order for transfer of jurisdiction were received. Fill out Data Element Nos. 7-9.
6. Insert date of mandatory outpatient treatment order.
7. Insert date signed by clerk or deputy clerk.
8. Print name of clerk.
9. Signature of clerk or deputy clerk. Check appropriate box below signature line indicating title.
10. **To be filled out by community services board of transferee jurisdiction.** Check this box to indicate to the transferor court that the mandatory outpatient treatment order and the order for transfer of jurisdiction were received, and to document that a copy of this acknowledgment was sent to the community services board of the transferor court. Fill out Data Element Nos. 11-13.
11. Insert date signed by employee of community services board.
12. Print name of employee and name of community services board.
13. Signature of employee of community services board.
14. **To be filled out by community services board of transferor jurisdiction.** Check this box to indicate to the community services board of the transferee court that a copy of the acknowledgment of receipt was received, and then fill out Data Element Nos. 15-17.
15. Insert date signed by employee of community services board.
16. Print name of employee and name of community services board.
17. Signature of employee or community services board.
18. **To be filled out by clerk of transferor court.** Check this box to document that the acknowledgment of the community services board of the transferee court was received and filed, and to notify the community services board of the transferor court that the case has been transferred. Fill out Data Element Nos. 19-21.
19. Insert date signed by clerk or deputy clerk.
20. Print name of clerk.
21. Signature of clerk or deputy clerk. Check appropriate box below signature line indicating title.