

**PETITION FOR ACCESS TO
DISPOSITIONAL ORDER**

Commonwealth of Virginia VA. CODE § 37.2-818 B

Case No.

Hearing Date

Circuit Court
 General District Court

.....
CITY/COUNTY

In re
NAME OF RESPONDENT IN HEARING FOR INVOLUNTARY TREATMENT

.....
NAME OF PETITIONER

..... (.....)
STREET ADDRESS TELEPHONE NUMBER

.....
CITY STATE ZIP CODE

This petition is filed pursuant to Virginia Code § 37.2-818 B for access to the dispositional order in a case involving involuntary admission or mandatory outpatient treatment, as set forth below.

1. The above-named respondent was the subject of the commitment hearing, which was conducted on

..... at
DATE OF HEARING LOCATION OF HEARING

2. This is the court for the city or county
 in which the hearing was conducted. OR
 to which the case was transferred.

3. Access to the dispositional document is needed for the following reason(s):

.....
 ADDITIONAL SHEET(S) ATTACHED

To the best of my knowledge, the subject of the order has not waived the confidentiality of the dispositional order. Therefore, and for the reasons set forth herein, I request access to the dispositional order for the hearing specified above.

.....
DATE

.....
PETITIONER