

**WAIVER OF CONFIDENTIALITY OF COURT RECORDS –
COMMITMENT FOR INVOLUNTARY TREATMENT**

Case No.

Commonwealth of Virginia

VA. CODE § 37.2-818

Circuit Court
 General District Court

.....
CITY OR COUNTY

1. I, , the undersigned, was the
PRINT FULL NAME OF SUBJECT OF HEARING DATE OF BIRTH
subject of a hearing for involuntary admission or mandatory outpatient treatment held on
DATE OF HEARING
at
LOCATION OF HEARING

2. My current address and telephone number are:

.....
STREET ADDRESS OF SUBJECT OF HEARING MAILING ADDRESS IF DIFFERENT
.....
CITY STATE ZIP CODE TELEPHONE NUMBER

In accordance with Virginia Code § 37.2-818(B), I hereby waive the right to confidentiality of the following:

- the dispositional order entered pursuant to Virginia Code § 37.2-817 or § 37.2-817.01, OR
- all court records pertaining to my case.

.....
DATE SIGNATURE OF PERSON WAIVING SUBJECT OF HEARING ATTORNEY

.....
DATE SIGNATURE OF WITNESS (TO SIGNATURE OF SUBJECT OF HEARING)

.....
PRINT NAME OF WITNESS ADDRESS TELEPHONE NUMBER

.....
PRINT NAME OF ATTORNEY ADDRESS TELEPHONE NUMBER

CLERK'S OFFICE USE
Received and filed:
.....
DATE CLERK DEPUTY CLERK