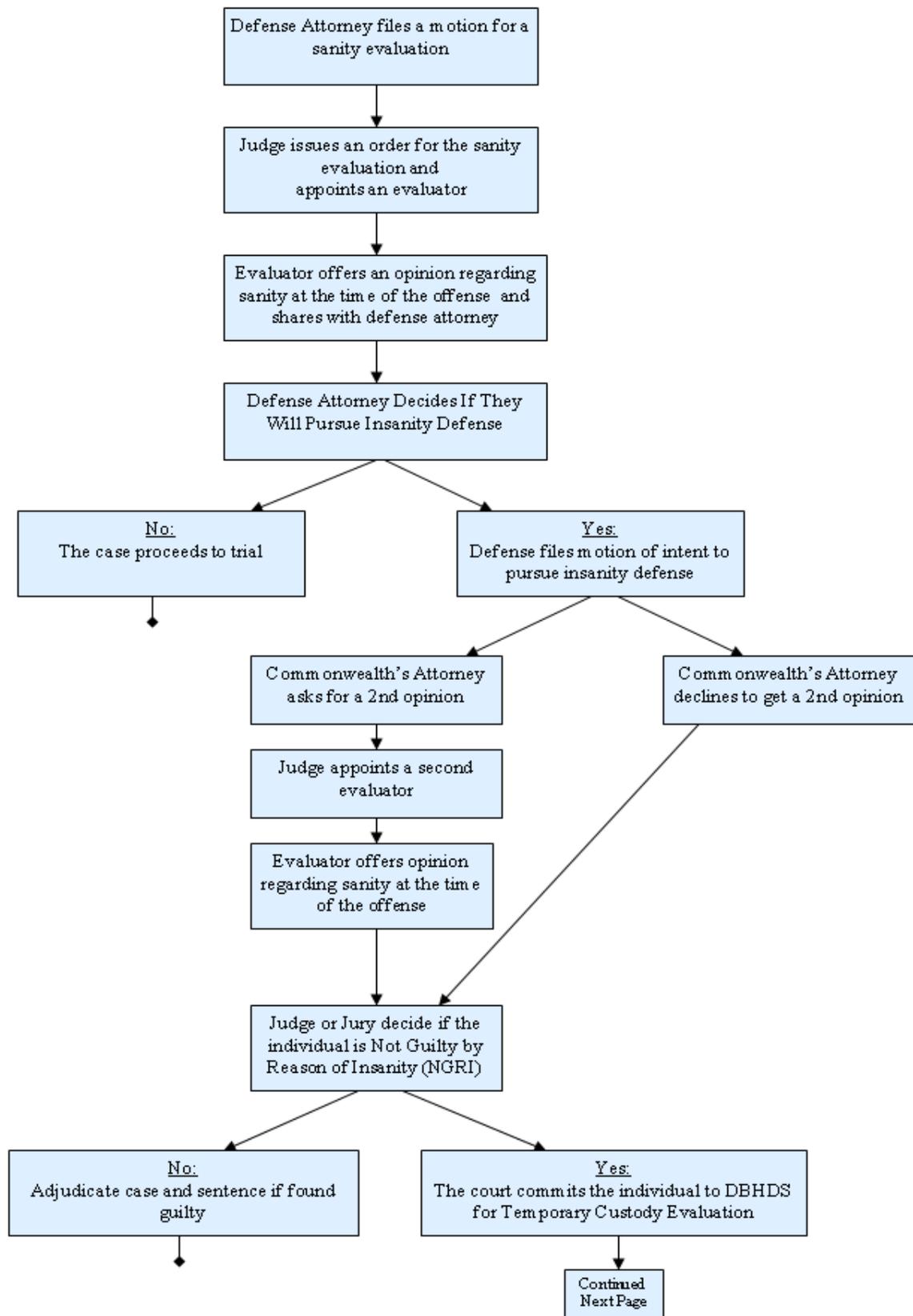


Section 9: Appendices

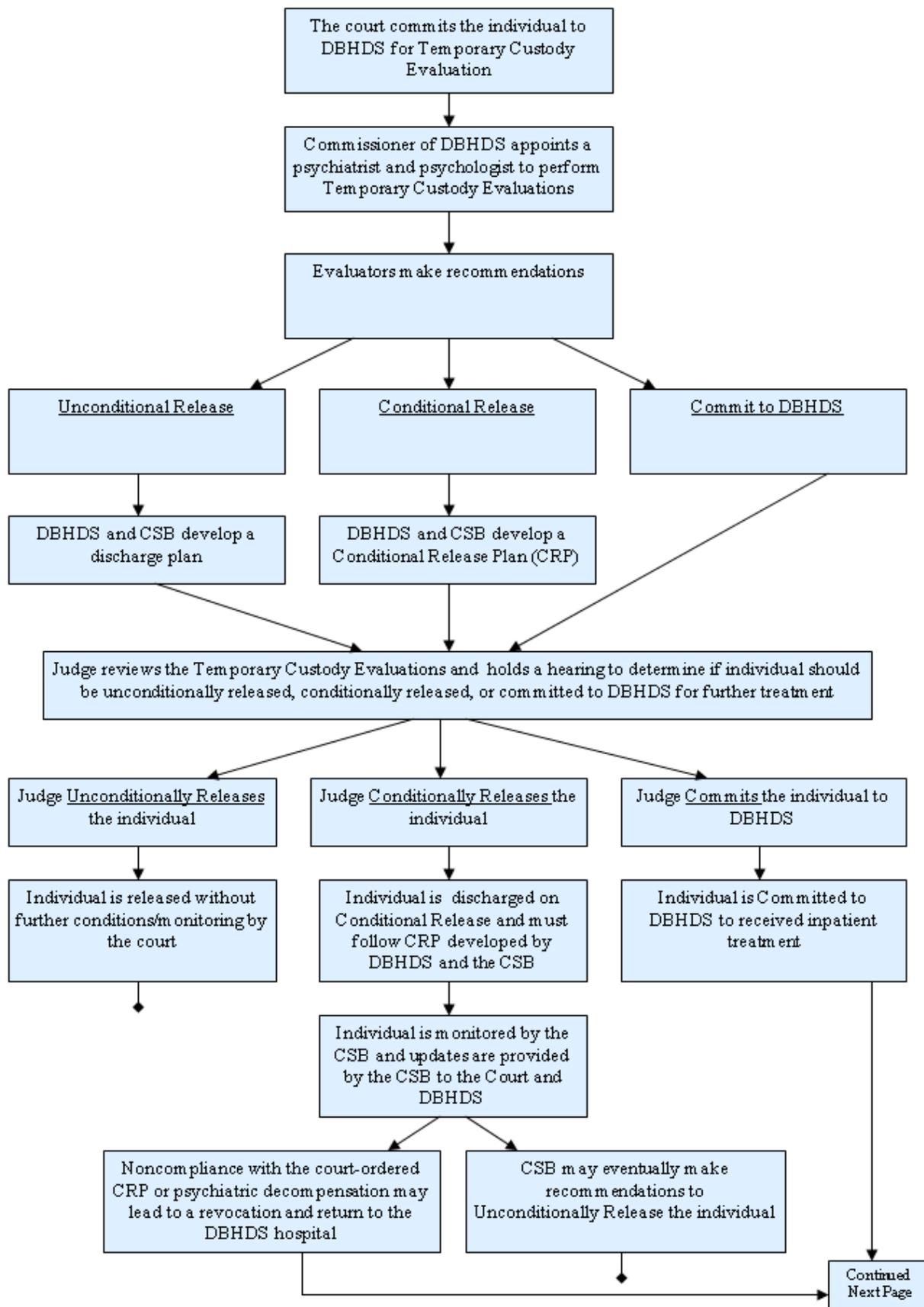
- ❖ Appendix A: NGRI Process Flow Chart_____Pg. 103
- ❖ Appendix B: Sample AAB & AAB Update Format_____Pg. 106
- ❖ Appendix C: Sample Risk Management Plans_____Pg. 117
- ❖ Appendix D: Conditional Release Plan Template/Samples_____Pg. 123
- ❖ Appendix E: Sample Letters to the Court_____Pg. 151
- ❖ Appendix F: Monthly Report Instructions & Template_____Pg. 159
- ❖ Appendix G: Six-Month Review Instructions & Template_____Pg. 164
- ❖ Appendix H: Sample Unconditional Release Plan_____Pg. 170
- ❖ Appendix I: Model Court Orders_____Pg. 173
- ❖ Appendix J: Relevant Code Sections_____Pg. 186
- ❖ Appendix J: Facility/DBHDS Forensic Services Contact List_____Pg. 197

Appendix A

Not Guilty by Reason of Insanity Process—Part 1



Not Guilty by Reason of Insanity Process—Part 2



Not Guilty by Reason of Insanity Process—Part 3

Individual is Committed to DBHDS for inpatient treatment and begins to proceed through a graduated release process involving multiple privilege levels

Civil Transfer:
The Forensic Review Panel (FRP) will approve requests for transfer to a civil unit

Escorted Grounds:
The FRP may approve this level at the same time they approve civil transfer (if the two are recommended at the same time), or the Internal Forensic Review Panel (IFPC) at the hospital can approve this privilege increase if it occurs after civil transfer

Unescorted Grounds:
The IFPC will review and approve this privilege request, which allows the individual to walk the hospital grounds without staff supervision

Escorted Community:
The IFPC approves this privilege request, which allows the individual to go on passes in the community with DBHDS hospital staff supervision

Unescorted Community—Not Overnight:
The FRP reviews and approves this privilege level request, which allows the individual to go on passes in the community without hospital staff, typically up to 8 hours at a time

Unescorted Community—Overnight:
The IFPC will review and approve this privilege level request, which allows the individual to go on unescorted overnight passes typically up to 48 hours

Conditional Release:
The IFPC then the FRP review and approve the individual's request for conditional release from the hospital

A hearing is held before the Judge, who reviews the CRP and recommendations from the FRP and decides to approve or deny the request

Denied:
Individual remains in the hospital and an alternative CRP is developed and must be approved by IFPC, FRP and Judge

Approved:
Individual is Conditionally Released and is monitored by the CSB and updates are provided by the CSB to the Court and DBHDS

Appendix B

Format for Initial AAB

1. Identifying Information
2. Purpose of Evaluation
3. Statement of Non-confidentiality
4. Sources of Information
5. Relevant Background Information
6. NGRI Offense
 - a. Acquittee's Account of the NGRI Offense
 - b. Collateral Accounts of the NGRI Offense

Recent Adjustment

Behavioral Observations and Mental Status Examination

Psychological Testing Results/Personality Dynamics

Diagnostic Impression

7. Patient Strengths Which Mitigate the Probability of Future Aggression
8. Analysis of Aggressive Behaviors
 - a. Description and Current Status of Risk Factors
 - b. Means of Addressing Risk Factors

Sample Initial Psychological Evaluation and
Analysis of Aggressive Behavior

Name: Mr. N. Sanity Acquittee	SS#: XXX-XX-XXXX
Date of Birth: 3/17/56	Age: 43
Sex: Male	Reg. #: XXXXXX.003
Marital Status: Divorced	Education: High School Grad
NGRI Offense: Murder	Case No. 99-XXX
Date of NGRI Adjudication: 11/12/1999	Date of Admission: 11/17/1999
Court: Circuit Court City of Smalltown	Judge: Honorable He B. DeJudge
Date of Report: 12/17/1999	

Purpose of Evaluation:

Mr. Acquittee was adjudicated Not Guilty by Reason of Insanity (NGRI) pursuant to Virginia Code Section 19.2-182.2 on 11/12/99, having been charged with murder. This is the report of a routine assessment protocol for newly admitted patients who have been found NGRI. This report will focus on the patient's current psychological functioning, the risk of aggression, and recommendations for the management of risk.

Mr. Acquittee was informed concerning the purpose of this evaluation and the limits of confidentiality. He indicated that he understood these limits and agreed to proceed under these conditions.

Sources of Information:

1. Clinical interviews conducted in the Maximum Security Unit of CSH.
2. Review of the patient's current CSH medical and legal records.
3. Consultation with the patient's current CSH treatment team.
4. Review of Forensic Evaluation of Mr. Acquittee's Mental State at the Time of the Offense completed by Dr. Knowitall and dated 11/10/99.
5. Review of Evaluation of Legal Sanity conducted by Ms. Snickers, and Drs. Bruce Good and Gary Plenty, dated 10/20/99.
6. Review of records from the Marion Correctional Treatment Center.
7. Review of records from two admissions to the Smalltown Regional Medical Center (SRMC).
8. Results of psychological testing with the WAIS-III, MMPI-2, MCMI-III, the RRASOR and the PCL-R, Thematic Apperception Test (TAT).

Statement of Non-confidentiality:

The purpose of the evaluation was explained to Mr. Acquittee. He was told that a report would be developed concerning his psychological functioning to include analysis for possible aggressive behavior and that this report would be utilized in treatment planning as well as by individuals reviewing his situation for increasing privileges. He was also told that this report could be seen by court officials. He indicated that he understood and agreed to continue with the evaluation.

Relevant Background:

Mr. Acquittee was born as the younger of two boys into a middle class family. He was born with jaundice and several allergies, and has been described by his mother as a "sick baby." The family relocated several times in the Southeast United States during Mr. Acquittee's childhood due to his father's job. When he was five months old, Mr. Acquittee was left with his aunt as the family moved to Louisiana, reportedly due to his mother's concern about the child's ability to tolerate the climate. Mr. Acquittee was reunited with his family at some point, and they spent the greatest amount of time living in the Maryland area. Mr. Acquittee suffered an allergic reaction to penicillin at age ten which caused his body to swell, and he then contracted typhoid fever at age 14 and mononucleosis at age 18.

Mr. Acquittee has reported that he made average to above-average grades and had little conflict with teachers or peers. Mr. Acquittee reported that he was suspended once in 8th or 9th grade for skipping school. He graduated in 1975 and enrolled in the University of Maryland but instead of attending college, he began working and subsequently got married. Mr. Acquittee has worked a number of different jobs, including construction work, stocking supplies, delivering office equipment, selling life insurance, carrying U.S. mail, doing factory work, and delivering pizzas. He has had frequent financial difficulties with credit problems that he attributed to "living beyond my means." Mr. Acquittee has abused alcohol and marijuana on occasion, but has not shown symptoms of dependence. His pattern of abuse appears to include occasional weekend binges during young adulthood with declining substance abuse as he has grown older. He was reportedly drinking the night of the NGRI offense, but was not considered intoxicated by arresting officers.

The patient and his wife had significant marital problems, resulting in a legal separation in the summer of 1988 after approximately 13 years of marriage. Reports indicate that the defendant was using alcohol extensively and was physically abusive to his wife. The marital conflict culminated in an incident that Mr. Acquittee refers to as a "misguided attempt at reconciliation." Mr. Acquittee was convicted of rape and served four and a half years in the Virginia Department of Correction (DOC), primarily at the Bland Correctional Center.

Mr. Acquittee's adjustment to the DOC was poor. He was engaged in several fights, one involving a knife. He admitted to instigating some of these fights. He participated in a sex offender treatment program for a time until he was requested to sign a "contract" committing to the principles of the program. He became suspicious of the contract, refused to sign and was returned to general population.

At this time, Mr. Acquittee became increasingly paranoid and began to search his environment for signs and signals of any impending danger. He also began to believe that God was sending him messages through the television and radio. Records of psychiatric treatment (during and after his incarceration) support the patient's claim that he did not hear voices. Mr. Acquittee has subsequently described obsessional and delusional thinking about the meaning of signals, scriptures from the Bible, and whether the food or water was being poisoned. Some delusions were of a sexual nature, like his belief that he saw a "naked woman" on television, and when he

sent a signal to her, she somehow returned his signal. His behavior became more bizarre and uncooperative with correctional officers, and on 10/27/94 he drank some cleanser and rubbed his face and eyes with the cleanser. Mr. Acquittee has reported that this was in response to obsessions self-harm and delusions about his sinfulness and need for “cleansing” rather than an attempt at self-harm. On 10/31/99 he attempted to grab a nurse’s crotch. Mr. Acquittee was admitted to the Marion Correctional Treatment Center (MTCT), the psychiatric inpatient setting for DOC inmates on 11/8/94. He was described as extremely paranoid and was once considered “too regressed” to speak with his parents when they came from Florida for a visit. He was also described as masturbating compulsively and attempted, in separate incidents, to grab two more female nurses in the crotch and, on 11/15/94 he grabbed the crotch of a female officer. During his incarceration, he reported that he grabbed at female crotches in order to allay rumors that he was homosexual. More recently, Mr. Acquittee has attributed these actions to psychotic experiences (e.g. believing he was receiving messages or signals from the females). Mr. Acquittee also engaged in an incident described as “inappropriate touching” of a female laboratory assistant’s breast during an admission to the Riverside Liberty Forensic Unit.

Mr. Acquittee reported that he took medication offered to him at the MTCT, though records indicate that he may have been “cheeking” his medication some of the time. His mental status improved, but he remained in the MTCT until his mandatory parole date of 9/30/95 when he was released to the community. His diagnoses were Axis I: Dysthymia and Axis II: Borderline Personality Disorder.

Mr. Acquittee was next hospitalized at the Smalltown Regional Medical Center (SRMC) on 1/13/97 after he became agitated and was banging his head in his rented room. He’d been living in Smalltown, VA and working at the Skinny River Mills factory since his release from prison. He has described being religiously obsessed and delusional concerning the identity of people around him and concerning persecution by the devil. Records indicate that he did not express delusions and he was discharged with a diagnosis of Depressive Disorder, not otherwise specified. Neurological studies (EEG) found no evidence of a seizure disorder.

In April of 1999, Mr. Acquittee experienced several days in which the radio and television appeared to be sending messages to him. He again became religiously obsessed and “broke down” emotionally at work, crying and trembling and pleading for help. He was readmitted to SRMC on 4/19/99 where he was initially tremulous, mute and “catatonic.” He was treated with Ativan and discharged on 4/22/99, the day of the NGRI offense. Mr. Acquittee apparently did not reveal any delusional or confused thinking prior to discharge, though his later accounts report that he was experiencing delusions concerning how his posture (e.g. not crossing his legs) affected his relationship to Christ and that he was listening to the radio for messages from Christ.

NGRI Offense:

Mr. Acquittee was charged with Murder for the stabbing death of his father. From the reports of the patient’s mother and the arresting officer (as detailed in the Sanity at the Time of the Offense evaluation completed by staff of the Institute of Law, Psychiatry and Public Policy, dated 10/20/99), the patient was eating dinner with his mother and father when he began to look “like a caged animal” to his mother. He appeared menacing and held the steak knife he’d been eating with. After his father told him to put the knife down, Mr. Acquittee lunged at his father and began stabbing him in the crotch. Mrs. Acquittee called the police and the patient lay on the floor and began to cry. His father got on top of him and attempted to take the knife away from him, but the patient just slung his father off of him and continued to hold the knife.

At this point, Mrs. Acquittee went outside the apartment to get help and neighbors entered the scene to find Mr. Acquittee stabbing his father in the chest area several times and saying, “You better not do this again.” As noted in the sanity evaluation, the patient “appeared unresponsive to calls for his attention and soon after the stabbing he was witnessed standing over his father shaking.” The police soon arrived and reported hearing

neighbors say “Hurry up, he’s killing him,” and then entered the apartment. The patient was noted to be standing over his father with a knife. The victim was bleeding from the groin area. The officer instructed Mr. Acquittee to drop the knife, and Mr. Acquittee began to walk toward him. He was again instructed to drop the knife, and this time he did drop the weapon and was placed under arrest. At the police station, the patient was observed rocking back and forth in a chair with his eyes closed, and he had urinated in his pants.

Mr. Acquittee has reported difficulty remembering exactly what happened to trigger his attack on his father. In a written account of his memory of the relevant events which he prepared at the suggestion of his attorney, Mr. Acquittee described believing his father was the devil who’d taken on human form, and wondering if his “father” had always been the devil in disguise. He reported trying to remember how the devil had managed to appear in the Garden of Eden and how the devil had entered Judas Iscariot at the Last Supper. Then Mr. Acquittee described his father as standing “too close” and striking out at him with the knife. He recalled thinking, as he stabbed his father, that the devil had made himself vulnerable by taking on human form. Mr. Acquittee indicated that he felt like Jesus being crucified when he was arrested. He recalled the story of Jesus being offered vinegar while on the cross and felt that he should experience a similar humiliation and urinated on himself. Mr. Acquittee reported that he had been drinking “heavily” that day.

Course of Hospitalization:

At Central State Hospital, he has been diagnosed as Psychotic Disorder, NOS, Rule Out Schizophrenia, Paranoid Type/Delusional Disorder. He has also had diagnoses in the past to include Dysthymia, Depressive Disorder, and Borderline Personality Disorder with paranoid and antisocial features. Mr. Acquittee has been generally calm and cooperative during this hospitalization. He has taken medication as prescribed, despite some doubts about how necessary this was or whether this was the correct medication or not. He has shown great concern that potential “errors” in his record be corrected; specifically he expressed concern that he would be inaccurately diagnosed as having a substance abuse disorder, and that “malingering” was mentioned in some of his initial evaluations, despite the ultimate finding that he was Not Guilty by Reason of Insanity. Although he has expressed remorse for “what happened,” the patient has shown a great deal of concern about how he is perceived by others. Mr. Acquittee has attended all treatment groups that were recommended and has filled other time by playing cards and reading.

Current Mental Status:

Mr. Acquittee was generally well-groomed and healthy-looking Caucasian male with a moustache and “salt-and-pepper” graying dark hair. He was fully alert and oriented throughout the evaluation and showed no impairment in memory or concentration. His speech was coherent and goal-directed, though he had a distinctive “roundabout” way of speaking (his word) which seemed at times evasive but more often appeared circumstantial. He usually hesitated before responding to a question and did not offer a great deal of detail about the circumstances of any given event, and found it difficult to briefly summarize his memories of past events. On an occasion in which he did respond quickly and to the point, he then commented, “I regret having answered so quickly,” and proceeded to offer additional details which clouded the picture somewhat. It was frankly difficult to determine whether Mr. Acquittee was offering numerous details to minimize the seriousness of past events, to avoid responsibility, or because he was showing mild symptoms of a thought disorder marked by tangential and circumstantial speech. He did acknowledge that this has been his style for his entire adult life, and that his ex-wife used to complain about not being able to “nail him down” on anything.

Mr. Acquittee did not show any signs of delusional thinking, and was able to identify and describe past delusions. He denied that he was currently hearing voices or that he had ever heard voices. He denied ever seeing things and did not appear to be actively hallucinating during the interview. His mood was calm and he showed a full range of affect during the interview. Mr. Acquittee's affect was generally appropriate except that he seemed unusually confident and calm, given the circumstances. He denied and showed no evidence of suicidal thinking. Mr. Acquittee described having bouts of depression throughout his life. Mr. Acquittee indicated he had experienced vague suicidal thoughts in the past, but had never developed a plan and never really considered actually completing the act. Mr. Acquittee indicated that his reason for drinking some cleanser and rubbing the cleanser in his eyes while incarcerated was his delusional belief that he could protect himself from the devil if he "washed his mouth out," rather than an attempt at self-harm. He denied having any homicidal thoughts at present.

The patient showed some insight into and understanding of his mental illness, though this would best be described as incomplete. When asked to describe the warning signs of a psychotic episode for him, Mr. Acquittee said "An insidiously increasing change in perception as to the relevance of things in the environment." This is a reasonable description of the gradual onset of paranoid and delusional thinking which Mr. Acquittee appears to have experienced on three separate occasions (10/94 while incarcerated, 1/98 and 4/99). He then went on to describe an example of, for instance, hearing staff jangle keys and not being able to tell whether a) it was just a coincidence that a number of people were doing it at once or b) it was an intentional experiment to see how he would react or c) he notices them more because he's looking for signals and special messages in his environment. He indicated that at present he was not experiencing the problem with alternative c), but he was unable to recognize the paranoid quality of alternative b). Mr. Acquittee also indicated that he was concerned that he could not know for certain that his symptoms were currently under control because he was not taking the right medicine for him, and he believed that he could help control his symptoms through the use of cognitive rational-emotive self-treatment. The patient indicated that he believes that he was receiving inspiration from God in committing the NGRI incident. He currently exhibits little insight. He believes the incident "should be considered a religious experience" and he then stated he intended to read the Bible this whole year so that he would know better. His memory appeared intact as indicated by his capacity to recall the will of God. His immediate, recent or remote events. There was no indication of cognitive impairments.

Results of Psychological Testing:

The defendant was given the WAIS-III, an individually administered test of intelligence. On this instrument, he scored a verbal IQ of 117, a performance IQ of 106, and a full-scale IQ of 111. This places him in the High-Average Range of intelligence. On the reading component of a screening test of academic achievement, he scored on a high school level.

Results of previous testing conducted at the MTCT during his incarceration and then at the Riverside Liberty Forensic Unit during his pre-trial evaluation period have shown a consistent pattern of attempting to present himself in the best light while minimizing any problems or shortcomings he might have. He completed the MMPI-2 at the MTCT which, in addition to the minimizing of his problems, showed a pattern consistent with individuals who are rebellious toward authority and often have stormy or conflictual relationships with family and friends. Individuals with similar scores are often impulsive and act without adequate planning or consideration of the consequences of their actions.

The patient completed the MMPI-2 and the MCMI-III for his 10/20/99 evaluation at the Riverside Unit and showed a guarded response pattern, and unwillingness to admit common shortcomings. The MMPI-2

showed some tendency toward tightly controlling and inhibiting socially unacceptable responses, especially hostility and aggression, in direct contrast to his recent behavior. The acquittee, also on the MMPI, scored similar to those individuals experiencing paranoid symptomatology and who have a need to blame others for their problems denying and minimizing their role in their difficulties. Such individuals have also been shown to exhibit loss of reality contact and psychotic symptomatology. On the Thematic Apperception Test, the acquittee exhibited signs of underlying depression and feelings of inadequacy and hostility.

Mr. Acquittee again completed the MMCI-III for the current evaluation. The results indicated a distinct tendency toward avoiding self-disclosure which could be a characterological evasiveness or a general unwillingness to avoid disclosure of a personal nature. It is noted that the patient has been described as vague and evasive throughout his adult life.

The Psychopathy Checklist-Revised (PCL-R) was completed using a combination of clinical interview and collateral information. This test reflects the relative degree of psychopathy or antisocial tendencies reflected in an individual's behavior and history. Mr. Acquittee's overall score of 12 is greater than 16% of adult male forensic patients, and is in the low range. His score on Factor 1 of the PCL-R, which reflects a selfish, callous and remorseless use of others, is greater than 55% of male forensic patients, which is in the moderate range and suggests that this pattern of interpersonal relationships may be clinically significant. The patient's Factor 2 score, which reflects a chronically unstable and antisocial lifestyle was in the 9% range, which is a low score. This pattern of scores does not reflect the presence of significant psychopathy but may be associated with individuals who show features of other personality disorders such as Narcissistic or Borderline personality traits.

The Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR) was completed, which is a screening instrument used as an actuarial method for assessing future risk for sexual re-offending. Mr. Acquittee's score is associated with a 4.4% rate of recidivism in a five-year period, which is considered a low score.

Diagnostic Impressions:

The evaluation indicates that Mr. Acquittee has experienced a Psychotic Disorder, NOS, with paranoid features, e.g. delusions. He also has signs of Depression and exhibits features of Narcissistic, Paranoid Antisocial and Borderline Personality Disorders. The acquittee has also had significant problems with alcohol.

Features of (Strengths) which Mitigate the Probability of Future Aggression:

Mr. Acquittee has several characteristics which could contribute to a decrease in the probability of future aggression. He is a high school graduate with some college, and on a test of intelligence he scored within the High-Average Range. When stable, he exhibits no indications of neurological/cognitive impairment. In addition, Mr. Acquittee has the capacity to exhibit good social skills. He is articulate and can express himself well when stable. These positive factors could be integrated into treatment and in the development of vocational/training for Mr. Acquittee.

Analysis of Aggressive Behavior/Risk Factors:

1. Mental Illness (FIMS - Major Mental Illness)

- A. **Description of Risk Factor and Current Status:** Mr. Acquittee shows a highly atypical pattern of symptoms of mental illness. This pattern includes paranoid and delusional thinking, sometimes associated with bizarre and ritualistic behavior. He first experienced these symptoms when incarcerated at the age of 39. He denies ever having experienced auditory hallucinations, but reports experiencing delusions that he was receiving messages from the television and radio and believes that he could protect himself from persecution by the devil through certain ritualistic behaviors. These symptoms include Threat/Control Override symptoms in which Mr. Acquittee believes he is threatened by the devil, delusions that were related directly to the NGRI offense. Mr. Acquittee has exhibited symptoms of a Psychotic Disorder, NOS with paranoid features. Mr. Acquittee's also shows features of Narcissistic, Borderline, Paranoid and Antisocial Personality disorders, including consistent irresponsibility, impaired empathy for others, careless disregard for the safety of others, impulsivity, an exaggerated concern for how he is perceived by others, and the perception of threat or attack in benign remarks or events.
- B. **Means of Addressing Risk Factor:** Mr. Acquittee should continue to receive anti-psychotic medication and participate in group therapies designed to help him identify and understand the symptoms of his mental illness. Individual psychotherapy in the context of external limits on behavior is considered the treatment of choice for long-standing personality disorders. Differential diagnosis will be important to determine whether or not the defendant has an actual schizophrenic process or if his behavior is more of a function of severe personality dysfunction with possible psychotic features. At this time, it appears the defendant is in need of inpatient hospitalization given that he continues to exhibit signs of psychosis.

2. History of Physically Aggressive Behavior: (FIMS - Aggression/Dangerousness to Others)

- A. **Description of Risk Factor and Current Status:** Mr. Acquittee has exhibited significant acts of aggression in the past. He reportedly was physically abusive to his wife and had gotten in fights in prison. In addition, his inappropriate sexual behavior appears to have an aggressive component to it. The NGRI act itself involved the stabbing of his father repeated times in the crotch and chest. Psychological assessment indicates that he experiences significant hostility. His paranoia and emotional instability contribute to an increased probability of aggression. This history of aggression and psychological functioning places Mr. Acquittee at risk for future aggression.
- B. **Means of Addressing Risk Factors:** Mr. Acquittee's aggression appears to be, at least partially, related to significant personality disturbance and can be exacerbated by periods of psychosis. It is imperative that Mr. Acquittee remain on his medication to control for emotional instability and distorted thinking. Mr. Acquittee should participate in Anger Management group in which he would identify the triggers to aggression and alternative behaviors. Assumption of responsibility for acts of aggression and for preventing future acts of aggression should be addressed directly with Mr. Acquittee. Individual therapy could assist in helping Mr. Acquittee explore the source(s) of his anger and vent his hostilities in a controlled environment. It should be made clear to Mr. Acquittee that inappropriate aggressive behavior can result in negative outcome for him to include possible legal ramifications. Issues related to sexual aggression are discussed below.

3. History of Sexually Aggressive Behavior: (FIMS - Sexual Assault)

- A. **Description of Risk Factor and Current Status:** The acquittee has a history of inappropriate and aggressive sexual behavior towards females. He reportedly raped his wife and has on four different occasions attempted to grab female staff in the crotch. He has also been described as having approached females aggressively as possible compensation for issues of sexual identity. Past reports indicate that he has exhibited excessive masturbation. This pattern suggests a tendency towards sexually preoccupied aggression that is sometimes in the presence of psychosis.
- B. **Means of Addressing Risk Factor:** Mr. Acquittee should participate in a complete Sexual Offender Evaluation despite his low score on the RRASOR. Given his past history of aggressive sexual behavior, intervention directed towards assisting the acquittee in more effectively dealing with hostile feelings and aggression, as indicated above, may also prove beneficial relevant to his sexual activity. Adherence to his medication regimen is also important. Group work directed towards appropriate sexual conduct in relating to the opposite sex is also recommended as well as individual psychotherapy to assess, and if appropriate, to intervene relevant to sexual concerns.

4. Denial of Mental Illness: (FIMS - Denial/Lack of Insight)

- A. **Description of Risk Factor and Current Status:** The acquittee reportedly tends to minimize and deny his role in his difficulties. Psychological testing indicates he tends to project blame onto others, not accepting responsibility for his actions. He evades questions through becoming circumstantial. He also doubts the necessity of his medication and believes that his behavior during the NGRI incident was justified, e.g., he was acting for God. Therefore, the defendant at this time seems to have little insight into his illness. This represents a risk factor in that he may, under similar circumstances as those surrounding the NGRI incident; react in the same manner as he did during the NGRI offense, exhibiting inappropriate aggressive behavior.
- B. **Means of Addressing Risk Factor:** It is recommended that the defendant be maintained on his medication and participate in individual and group therapy to address his denial and minimization of his symptoms. It is important that he develop some insight into the fact that his symptoms can be destructive and are a component of his mental illness.

5. Non-Compliance with Treatment: (FIMS - Noncompliance with Treatment and/or Medication)

- A. **Description of Risk Factor and Current Status:** Mr. Acquittee did not participate in follow-up treatment for mental illness following his discharge from either the MTCT while incarcerated or from the SRMC. When asked about his legal history during his last admission at the SRMC, he refused to discuss his incarceration and did not reveal that he was treated for psychosis or that he was experiencing psychotic symptoms. During the present evaluation, Mr. Acquittee questioned how, in fact, he could be sure that he needed medication or if he was on the right medication. He has been suspected of "cheeking" his medication in the past. Given this, it is likely that, particularly under stress, Mr. Acquittee would be at risk for not taking his medication.
- B. **Means of Addressing Risk Factor:** Mr. Acquittee should participate in Symptom Management and Understanding Mental Illness groups in which the importance of accepting the need for psychiatric

treatment is addressed. Mr. Acquittee would also learn to identify his symptoms, warning signs of relapse and appropriate interventions for relapse prevention. It is also important that he maintain his medication compliance and this compliance should be monitored.

6. Substance Abuse: (FIMS - Substance Abuse)

- A. **Description of Risk Factor and Current Status:** Mr. Acquittee has used alcohol in the past and has been aggressive under the influence of alcohol. He has also reportedly used marijuana in the past. He was drinking alcohol at the time of the NGRI offense. Although he currently does not appear to be experiencing alcohol or substance dependence, any substance use, however, increases the risk of future aggression. Alcohol can disinhibit emotional control and places one in contact with other individuals who are likely involved with alcohol or drugs and illegal activity. In addition, substance use can impede psychological growth and can cause neurological damage. Given the defendant's history of substance involvement, especially alcohol, and the fact that he was using at the time of the NGRI incident, alcohol use represents a particular risk factor for Mr. Acquittee.
- B. **Means of Addressing Risk Factor:** It is recommended that Mr. Acquittee participate in a Substance Abuse Education and Relapse Prevention group to gain information about the importance of remaining drug and alcohol free, despite the likelihood that he does not suffer from a dependence on alcohol or drugs, at this time. When the defendant is no longer in a controlled environment, it is particularly imperative that he is not involved with alcohol/substance abuse. At that time, random drug screens may be necessary as well as continued intensive programming for substance abuse depending upon clinical need.

Clare Quilty, Ph.D.

Licensed Clinical Psychologist

Forensic Unit, Central State Hospital

12/17/1999

Appendix C

SAMPLE RISK MANAGEMENT PLAN -

ESCORTED COMMUNITY VISITS

Acquittee, _____, will be provided escorted community visits to attend the following activities:

(PROGRAM/ACTIVITY) (DURATION) (FREQUENCY)

- A. The acquittee agrees to abide by all municipal, county, state and federal laws while on escorted community visits.
- B. The acquittee understands that he/she remains an acquittee of Western State Hospital and under the legal control of the judge maintaining legal jurisdiction over him/her.
- C. The acquittee agrees not to leave the Commonwealth of Virginia while on escorted community visits.
- D. The acquittee understands that any person placed in the temporary custody of the Commissioner pursuant to 19.2-182.2 or committed to the custody of the Commissioner pursuant to 19.2-182.3 who escapes from such custody is guilty of a Class 6 felony. Thus, if there is an escape, the acquittee will face criminal charges.
- E. Prior to permitting the acquittee to leave the ward on escorted community visits:
 - a. Physician will provide order for escorted community visits.
 - b. RN will ensure acquittee is screened for the presence of any inappropriate thoughts and/or behavior which might place either the acquittee or someone else at risk for harm. This decision will be based on visual observation, acquittee interaction, recent documentation, and shift reports. If there is a question about the acquittee's appropriateness, the acquittee will not be granted escorted community visits until evaluated by a psychiatrist.
 - c. Acquittee must have taken all daily-prescribed medications for the previous 30 days, including the day of the visit, in order to be eligible for the visit.
 - d. Staff will verify that a recent photograph is available to facilitate identification of the acquittee if needed.
 - e. Acquittee's schedule of activities in the community is posted in the ward nursing office.
- F. Acquittee is required to sign-out of the ward when leaving for an escorted community visit. Staff will note the clothing being worn by the acquittee when leaving.
- G. The acquittee will be escorted by staff and will be expected to keep within arms length of staff unless given permission by staff to do otherwise. When the acquittee is escorted in a group, there will be an appropriate staff to acquittee ratio. At other times, the acquittee will be escorted 1:1.

- H. The acquittee understands that if he/she leaves the sight of escort staff without permission, such an act will be interpreted as an escape.
- I. Whenever staff is unable to locate an acquittee on escorted community visits Hospital Instruction No. 4020 regarding response to acquittee escape will be immediately implemented. Communication will be via cell phone/telephone.
- J. The acquittee will provide cell phone number (if the acquittee has a cell phone) to ward staff members. The number will be included in this RMP and in the acquittee record. The number is _____. The acquittee must answer the phone if called by the hospital. The acquittee cannot utilize the cell phone while on UGP.
- K. The acquittee has agreed that no efforts will be made to use or obtain any type of unauthorized substance such as alcohol or street drugs. The acquittee has agreed to submit to drug/alcohol screenings upon return to the ward whenever requested. Drug/alcohol screenings will be conducted at random
- L. Acquittee agrees not to purchase or otherwise obtain items of any kind for other persons/patients while on escorted privilege.
- M. Acquittee is allowed to have a maximum of \$50 cash in his/her possession. Exceptions to this involve situations in which the acquittee requests to make a purchase larger than \$50 at which time the team may approve the purchase, and the acquittee must show a receipt to the team documenting the use of the cash to make the purchase. Acquittees are not allowed to carry or use credit/debit cards. Any credit cards will be stored with the acquittees valuables.
- N. Acquittee agrees not to carry backpacks or other containers for transporting items off of the ward. This stipulation may be waived by the IFPC only under extraordinary circumstances.
- O. Acquittee understands he/she is not to have access to any firearms, weapons or anything that could be used as a weapon nor associate with persons or places having such weapons. Acquittee agrees to submit to search upon return to the ward whenever requested by staff.
- P. Acquittee is prohibited from being within ten (10) feet of any private vehicle except as must occur while entering the state vehicle used in transport on an escorted community visit or as otherwise specified in this RMP.
- Q. The acquittee understands and agrees that even if it is not his/her fault or the result of any specific violation of the risk management plan, he/she will be returned to the hospital if staff believe his/her mental health is suffering due to the community visit. If necessary, police assistance will be requested to ensure safe return.
- R. Acquittee is required to sign-in at the ward nursing office when returning to the unit. Acquittee agrees to submit to search upon return to the ward whenever requested by staff.

- S. The (name of local) CSB has been contacted and agrees they will contact WSH if they receive a call about the acquittee in case of an emergency while on visits.

- T. In the event of any failure to follow established rules, acquittee will have escorted community visits privilege suspended.

- U. The treatment team will advise Western State Hospital's Forensic Coordinator of any revocation of escorted community privileges in order that all appropriate parties are notified.

The guidelines of the Risk Management Plan for Escorted Community Visits have been explained to me. My signature indicates my understanding of the need to have guidelines in place as well as my willingness to comply fully with them. I also understand that if I should attempt to escape, I could face criminal prosecution and be required to be placed in a more restrictive environment.

Acquittee: _____ Witness: _____

Date: _____ Date: _____

CSB: _____ CSB: _____

Date: _____ Date: _____

SAMPLE RISK MANAGEMENT PLAN
UNESCORTED COMMUNITY VISITS

(Not Overnight)

Acquittee, _____, will be provided unescorted community visits to attend the following:

(PROGRAM/ACTIVITY)(DURATION)(FREQUENCY)

Location

Transportation to for the pass will be provided by

Name

Address

Telephone

1. The acquittee agrees to abide by all municipal, county, state and federal laws while on unescorted community visits.
2. The acquittee understands that he/she remains an acquittee hospitalized at Western State Hospital and under the legal control of the judge maintaining legal jurisdiction over him/her.
3. The acquittee agrees not to leave the Commonwealth of Virginia while on unescorted community visits.
4. The acquittee understands that any person placed in the temporary custody of the Commissioner pursuant to 19.2-182.2 or committed to the custody of the Commissioner pursuant to 19.2-182.3 who escapes from such custody is guilty of a Class 6 felony. Thus, if there is an escape, the acquittee will face criminal charges.
5. The acquittee has agreed that no efforts will be made to use or obtain any type of unauthorized substance such as alcohol or street drugs. The acquittee has agreed to submit to drug/alcohol screenings upon return to the ward whenever requested. Random drug/alcohol screenings will be conducted
6. Acquittee understands he/she is not to have access to any firearms, weapons or anything that could be used as a weapon nor associate with persons or places having such weapons. Acquittee agrees to submit to search upon return to the ward whenever requested by staff.
7. Prior to permitting the acquittee to leave the ward on unescorted community visits:
 - A. Physician will provide order for unescorted community visits.
 - B. RN will ensure acquittee is screened for the presence of any inappropriate thoughts and/or behavior which might place either the acquittee or someone else at risk for harm. This decision will be based on visual observation, acquittee interaction, recent documentation, and shift reports. If there is a question about the acquittee's appropriateness, the acquittee will not be granted

- unescorted community visits until evaluated by a psychiatrist.
- C. Acquittee must have taken all daily-prescribed medications for the previous 30 days, including the day of the visit, in order to be eligible for the visit.
 - D. Staff will verify that a recent photograph is available to facilitate identification of the acquittee if needed.
 - E. Acquittee's schedule of activities in the community is posted in the ward nursing office. Posting will include name of a contact person and phone number.
8. Acquittee is required to be let off the ward by a staff member when leaving for an unescorted community visit. Staff will note the clothing being worn by the acquittee when leaving.
 9. Acquittee will be provided with a telephone number of the ward/the facility/CSB NGRI liaison by which to access immediate assistance if a problem should arise during the unescorted community visit.
 10. The acquittee must return to the ward at the designated time. If unavoidably delayed, the acquittee must call the ward and explain the situation.
 11. The acquittee will provide cell phone number (if the acquittee has a cell phone) to ward staff members. The number will be included in this RMP and in the acquittee record. The number is _____
_____. The acquittee must answer the phone if called by the hospital. The acquittee cannot utilize the cell phone while on UGP.
 12. If the ward is contacted regarding an emergency or escape or if the acquittee is later than the expected arrival time or if there is reason to believe the acquittee may have escaped or otherwise poses a danger to self or others, staff will notify the RN and Hospital Instruction 4020 outlining procedures for responding to acquittee escape will be implemented. Communication will be via cell phone/telephone.
 13. Acquittee is prohibited from being within ten (10) feet of any private vehicle and may not enter any private vehicle, except as specified in this RMP.
 14. Acquittee is allowed to have a maximum of \$50 cash in his/her possession. Exceptions to this involve situations in which the acquittee requests to make a purchase larger than \$50 at which time the team may approve the purchase, and the acquittee must show a receipt to the team documenting the use of the cash to make the purchase. Acquittees are not allowed to carry or use credit/debit cards. Any credit cards will be stored with the acquittees valuables.
 15. Acquittee agrees not to carry backpacks or other containers for transporting items off of the ward. This stipulation may be waived by the IFPC only under extraordinary circumstances.
 16. Acquittee agrees not to purchase or otherwise obtain items of any kind for other persons/patients while on unescorted privilege.
 17. Upon return to grounds from unescorted visits acquittee agrees to return to ward immediately to check in and have any items brought back checked.
 18. Acquittee agrees to submit to search for contraband in accordance with hospital policy.

19. In the event of any failure to follow established rules, acquittee will have unescorted community visits privilege suspended.
20. The treatment team will advise Western State Hospital's Forensic Coordinator of any suspension of unescorted community privileges in order that all appropriate parties are notified.
21. The (catchment area) CSB has been contacted and agrees they will contact WSH if they receive a call about the acquittee in case of an emergency while on visits.

The guidelines of the Risk Management Plan for Unescorted Community Visits have been explained to me. My signature indicates my understanding of the need to have guidelines in place as well as my willingness to comply fully with them. I also understand that if I should attempt to escape, I could face criminal prosecution and be required to be placed in a more restrictive environment.

Acquittee: _____ Witness: _____

Date: _____ Date: _____

CSB: _____ CSB: _____

Date: _____ Date: _____

Appendix D

Conditional Release Plan Blank Template

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR (Name of Acquittee)

The signatures at the end of this conditional release plan indicate that I understand that I have been found not guilty by reason of insanity for __, pursuant to Virginia Code Section 19.2-182.2, and I am under the continuing jurisdiction of the ___ Court as a result of that finding. Pursuant to Virginia Code Section 19.2-182.7, the _____ Community Services Board will be responsible for the implementation and monitoring of my conditional release plan. The undersigned parties and I have reviewed this conditional release plan and agree to follow the terms and conditions.

A. GENERAL CONDITIONS

- 1) I agree to abide by all municipal, county, state, and federal laws.
- 2) I agree not to leave the Commonwealth of Virginia without first obtaining the written permission of the judge maintaining jurisdiction over my case and the ___ Community Services Board (CSB). I further understand that, pursuant to § 19.2-182.15 *Code of Virginia*, I may be charged with a class 6 Felony if I leave the Commonwealth of Virginia without the permission of the Court.
- 3) I agree not to use alcoholic beverages.
- 4) I agree not to use or possess any illegal drugs or prescribed medications unless prescribed by a licensed physician for me.
- 5) I understand that I am under the legal control of the judge maintaining jurisdiction over me and the under the supervision of the CSB (and/or CSB designee) implementing my conditional release plan. I agree to follow their directives and treatment plans and to make myself available for supervision at all reasonable times.
- 6) I agree to follow the conditions of my release and conduct myself in a manner that will maintain my mental health.
- 7) I understand that, even if it is not my fault or the result of any specific violation of conditions, I may be returned to a state hospital if my mental health deteriorates. I further understand that, if I am hospitalized in the custody of the Commissioner while on conditional release, my conditional release is considered revoked unless I am voluntarily admitted.
- 8) I agree to pay for all treatment services on a fee schedule set by the CSB and/or other community providers.

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR Name (Template)

- 9) I agree that I will not own, possess, or have access to firearms and/or other illegal weapons of any kind. I further agree not to associate with persons or places that own, possess, or have access to firearms and/or other illegal weapons of any kind.
- 10) Prior to and after discharge on conditional release, I agree to release all information and records concerning my mental health and my compliance with the conditions of release to the supervising CSB, other community providers, attorney, and other participating parties.
- 11) I agree to participate in 30-40 hours per week of structured activities while I am on conditional release. These weekly activities (and any changes) must be approved in advance by the CSB.

B. SPECIAL CONDITIONS

- 1) I agree to reside where authorized by the supervising CSB. Initially, I agree to reside at the following:
(Name of family member, name of placement, type of residential placement, or self)
Address
Phone

If, at any point during the conditional release, I choose not to live at the above location or am asked to move out, then the supervising CSB will evaluate the situation and recommend an alternative living placement. The supervising CSB will coordinate any changes in my residence. If I choose not to reside at the CSB recommended placement, I shall be considered to be in noncompliance with the conditions of release. Any change in residence requires notification to the court by the supervising CSB. I agree to be financially responsible for the cost of my living arrangements/residential placement(s).

- 2) I will receive approximately \$___ per month in ___ benefit funds or earn a salary upon discharge from the hospital. I agree to apply for entitlements and health insurance for which I may be eligible in the community.
- 3) I agree that I will participate in structured daytime activities for the duration of my conditional release, i.e., employment, volunteer work, school, club house, AA, NA, other special groups, etc.

My initial plan is the following:
Type of daytime activity/ies:
Frequency of daytime activity/ies:

- 4) Staff at the supervising CSB (or CSB designee) will provide case management for me. I agree to meet with my case manager for the purpose of monitoring compliance with the conditions of release. The name and phone number of my case manager is:

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR Name (Template)

Name and phone number of case manager: _____

Duration of case management contacts: _____

Frequency of case management office visit contacts:

Frequency of case management home visits contacts: _____

5) I agree to work with the CSB staff responsible for conducting ongoing assessments of my mental status and associated risk factors. I understand that this may be conducted as part of case management visits, individual therapy appointments or a separate meeting as directed by the CSB. The CSB will provide qualified staff persons for the purpose of conducting mental status and risk factor assessments. The responsible person is _____ and the frequency of my mental status assessment and risk assessment will be ____.

6) When applicable, I agree to participate in individual therapy or supportive counseling with treatment staff of the supervising CSB (or CSB designee). The initial schedule for my individual therapy is:

Duration of Therapy:

Frequency of Individual Sessions:

Location of Therapy Sessions:

7) I agree to take psychotropic medication as recommended by my treating psychiatrist. I agree to meet with my treating psychiatrist (or psychiatrist's designee) at the supervising CSB (or CSB designee) for the purposes of monitoring my psychotropic medications and to have my prescriptions renewed and refilled. I will participate in psychiatric treatment for the duration of conditional release.

Psychotropic medications:

Location of meetings with psychiatrist: ____

Frequency of meetings with psychiatrist:

8) I agree to submit to periodic blood or urine analysis as directed by treatment staff of the supervising CSB for the purposes of monitoring psychotropic medication compliance and tolerance.

9) I agree to receive recommended medical treatment for the duration of my conditional release. My current medical conditions and providers are listed below:

My current medical condition(s) is:

Name and office location of medical provider(s):

10) I agree to participate in the following substance abuse service(s):

Type of substance abuse service(s):

Provider and location of substance abuse service(s):

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR Name (Template)

Frequency of substance abuse service(s):

Duration of substance abuse service(s):

11) I agree to submit to random and/or periodic breathalyzer, blood or urine analysis as directed by treatment staff of the supervising CSB for purposes of monitoring alcohol consumption, illicit drug use and/or other prohibited substances. Drug/alcohol screens will be given for the duration of conditional release. When indicated, I agree to a full drug panel screening. I further agree to pay any lab fees associated with this screening. Detection of any illicit substances, detection of alcohol use, or refusal to participate in these screenings shall constitute noncompliance with the conditional release plan. The screening schedule is as follows:

Frequency of SA screening:

Duration of SA screening:

12) If applicable, I agree to be assessed by a vocational rehabilitation counselor and to follow the recommendations made from this assessment. The vocational assessment may be provided by treatment staff of the supervising CSB or can be conducted by another agency designated by the CSB.

13) I agree that, if cannot attend a meeting or session as required by this conditional release plan, I will provide advance notice by calling the person. If I am unable to contact that person, I must contact one of the following individuals:

Alternative contact #1:

Phone #:

Alternative contact #2:

Phone #:

14) I am responsible for arranging transportation between home and activities required under this conditional release plan. I may arrange for rides through family or friends.

Lack of transportation may not be accepted as an excuse for missing activities specified by this conditional release plan.

15) I agree to additional special conditions that may be deemed necessary by the supervising CSB in the future.

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR Name (Template)

NOTE TO CSB: Other special conditions should be added here as appropriate to the individual acquittee and their special management needs in the community. Delete this note when you have completed the plan.

** I have read or have read to me and understand and accept the conditions under which the Court will release me from the hospital. I fully understand that failure to conform to the conditions may result in one or more of the following:

- Notification to the court of jurisdiction;
- Notification of the proper legal authorities;
- Modification of the conditional release plan pursuant to § 19.2-182.11;
- Revocation of conditional release and hospitalization pursuant to § 19.2-182.8;
- Emergency custody and hospitalization pursuant to § 19.2-182.9;
- Charged with contempt of court pursuant to § 19.2-182.7; or
- Arrest and prosecution

** I understand that my conditional release plan is part of a court document and could potentially be accessed by the public.

_____	_____
Signature of Acquittee	Date
_____	_____
Signature of Witness for Acquittee’s signature	Date
_____	_____
Signature of NGRI Coordinator or designee for CSB	Date

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR Name (Template)

C. COMMUNITY SERVICES BOARD

- 1) The ___CSB will coordinate the conditional release plan. As of the beginning of the conditional release plan, the designated case manager is:

Name:

Title:

Community Services Board:

Address:

City, State, Zip:

Phone: ___FAX:

- 2) The CSB shall provide the court written reports no less frequently than once every six months, to begin six months from the date of the conditional release, in accordance with § 19.2-182.7. These reports shall address the acquittee's progress, compliance with conditions of release, and adjustment in the community. Additionally, a copy of all 6-month reports shall be sent to

Office of Forensic Services

DBHDS

P.O. Box 1797

Richmond, VA 23218

PHONE: (804) 786-8044

FAX: (804) 786-9621

- 3) The CSB shall provide Forensic Services Section of DBHDS with monthly written reports for the first twelve consecutive months on conditional release. The monthly reports will address the acquittee's progress, compliance with conditions of release, and adjustment in the community. These reports are due to the Forensic Services Section at the above address no later than the 10th day of the month following the month to be reported.
- 4) Pursuant to § 19.2-182.11, the CSB understands that the court of jurisdiction must approve any proposed changes or deviations from this conditional release plan.
- 5) The CSB shall immediately provide copies of all court orders and notices related to the disposition of the acquittee to DBHDS, Forensic Services Section, at the above address.

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR Name (Template)

D. SIGNATURES

This conditional release plan has been developed jointly and approved by the following community services board and hospital staff:

_____	_____
Signature	Date
Name	
Title	
Community Services Board	

_____	_____
Signature	Date
Name	
Title	
Community Services Board	

_____	_____
Signature	Date
Name	
Title	
Facility	

_____	_____
Signature	Date
Name	
Title	
Facility	

_____	_____
Signature	Date
Name	
Title	
Facility	

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR Name (Template)

E. Community Services Board Recommendations and Comments

This is an opportunity for the supervising Community Services Board staff to provide recommendations and comments to the Forensic Review Panel. Please indicate the CSB's support for or against conditional release and an explanation for the CSB's position:

Signature/Print Name

Title/CSB

Date

Sample: CSB is Supportive of CR

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR Acquittee Name

The signatures at the end of this conditional release plan indicate that I understand that I have been found not guilty by reason of insanity for **Aggravated Malicious Wounding**, pursuant to Virginia Code Section 19.2-182.2, and I am under the continuing jurisdiction of the **City of Sample Circuit Court** as a result of that finding. Pursuant to Virginia Code Section 19.2-182.7, the **Sample Community Services Board** will be responsible for the implementation and monitoring of my conditional release plan. The undersigned parties and I have reviewed this conditional release plan and agree to follow the terms and conditions.

A. GENERAL CONDITIONS

- 1) I agree to abide by all municipal, county, state, and federal laws.
- 2) I agree not to leave the Commonwealth of Virginia without first obtaining the written permission of the judge maintaining jurisdiction over my case and the **Sample Community Services Board (CSB)**. I further understand that, pursuant to § 19.2-182.15 *Code of Virginia*, I may be charged with a class 6 Felony if I leave the Commonwealth of Virginia without the permission of the Court.
- 3) I agree not to use alcoholic beverages.
- 4) I agree not to use or possess any illegal drugs or prescribed medications unless prescribed by a licensed physician for me.
- 5) I understand that I am under the legal control of the judge maintaining jurisdiction over me and the under the supervision of the CSB (and/or CSB designee) implementing my conditional release plan. I agree to follow their directives and treatment plans and to make myself available for supervision at all reasonable times.
- 6) I agree to follow the conditions of my release and conduct myself in a manner that will maintain my mental health.
- 7) I understand that, even if it is not my fault or the result of any specific violation of conditions, I may be returned to a state hospital if my mental health deteriorates. I further understand that, if I am hospitalized in the custody of the Commissioner while on conditional release, my conditional release is considered revoked unless I am voluntarily admitted.
- 8) I agree to pay for all treatment services on a fee schedule set by the CSB and/or other community providers.

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR (*Sample CSB is Supportive*)

- 9) I agree that I will not own, possess, or have access to firearms and/or other illegal weapons of any kind. I further agree not to associate with persons or places that own, possess, or have access to firearms and/or other illegal weapons of any kind.
- 10) Prior to and after discharge on conditional release, I agree to release all information and records concerning my mental health and my compliance with the conditions of release to the supervising CSB, other community providers, attorney, and other participating parties.
- 11) I agree to participate in 30-40 hours per week of structured activities while I am on conditional release. These weekly activities (and any changes) must be approved in advance by the CSB.

B. SPECIAL CONDITIONS

- 1) I agree to reside where authorized by the supervising CSB. Initially, I agree to reside at the following:

Address: **Sample Group Home**
123 Sample Rd.
Sample City, VA 12345

Phone: **Sample Phone**

Sample Group Home is a transitional, structured residential living facility that provides on-site supportive services during waking hours, with after-hours crisis services available as needed. Staff assists residents with meal preparation, medication administration and activities of daily living. An emphasis is placed on securing resources and developing natural supports that will enable individuals to transition into permanent independent housing.

If, at any point during the conditional release, I choose not to live at the above location or am asked to move out, then the supervising CSB will evaluate the situation and recommend an alternative living placement. The supervising CSB will coordinate any changes in my residence. If I choose not to reside at the CSB recommended placement, I shall be considered to be in noncompliance with the conditions of release. Any change in residence requires notification to the court by the supervising CSB. I agree to be financially responsible for the cost of my living arrangements/residential placement(s).

- 2) I will receive approximately **\$710.00** per month in **SSI** benefit funds or earn a salary upon discharge from the hospital. I agree to apply for entitlements and health insurance for which I may be eligible in the community.

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR (*Sample CSB is Supportive*)

- 3) I agree that I will participate in structured daytime activities for the duration of my conditional release, i.e., employment, volunteer work, school, clubhouse, AA, NA, other special groups, etc.

My initial plan is the following:

Type of daytime activity:

- a) **Sample County Clubhouse Program**
456 Sample Street

Sample City, VA 98765

Sample Phone

Sample Clubhouse is a community-based rehabilitation program. The program promotes the highest level of community integration and independence for adults diagnosed with serious mental illness. The program seeks to prevent psychiatric hospitalization by providing a complete array of services to clients. These services include: psychosocial rehabilitation, case management, vocational opportunities, crisis intervention, medication services, and social opportunities. The location of the daytime activity may be evaluated and changed at a later date if clinically indicated and approved by the treatment team.

Frequency of daytime activity: **five days per week**

- b) **Mr. Acquittee will attend AA/NA meetings no less than five times per week for the first six months after discharge. If a reduction in the frequency of these meetings is requested, his request will be assessed by the NGRI Coordinator and reduced if clinically appropriate at that time.**

- 4) Staff at the supervising CSB (or CSB designee) will provide case management for me. I agree to meet with my case manager for the purpose of monitoring compliance with the conditions of release. The name and phone number of my case manager is:

Name of case manager: **Sample Name**

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR (Sample CSB is Supportive)

Address/location of case management meetings: Sample County Clubhouse

456 Sample Street
Sample City, VA 98765

Sample Phone

Duration of case management contacts: For the duration of conditional release.

Frequency of case management home visits contacts: once per month

Frequency of case management office visit: Case management sessions will occur once per week for the first six months after discharge. If a reduction in the frequency of these visits is requested, the request will be assessed by the NGRI Coordinator and reduced if clinically appropriate at that time. The frequency of visits, if reduced, will occur no less than once per month for the duration of conditional release.

- 5) I agree to work with the CSB staff responsible for conducting ongoing assessments of my mental status and associated risk factors. I understand that this may be conducted as part of case management visits, individual therapy appointments or a separate meeting as directed by the CSB. The CSB will provide qualified staff persons for the purpose of conducting mental status and risk factor assessments. The responsible person is Sample Name and the frequency of my mental status assessment and risk assessment will be during regularly scheduled therapy and case management office visit contacts.
- 6) When applicable, I agree to participate in individual therapy with treatment staff of the supervising CSB (or CSB designee). The initial schedule for my individual therapy is:

Name of therapist: Sample Name

Address/location of therapy sessions: Sample County CSB

123 Sample Road

Sample City, VA 12345

Sample Phone

Duration of Therapy: For the duration of conditional release

- a) Frequency of Individual Sessions: Therapy sessions will occur once per week for the first six months after discharge. If a reduction in the frequency of these visits is requested, the request will be assessed by the NGRI Coordinator and reduced if clinically appropriate at that time.

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR (Sample CSB is Supportive)

- 7) I agree to take psychotropic medication as recommended by my treating psychiatrist. I agree to meet with my treating psychiatrist (or psychiatrist's designee) at the supervising CSB (or CSB designee) for the purposes of monitoring my psychotropic medications and to have my prescriptions renewed and refilled. I will participate in psychiatric treatment for the duration of conditional release.

Current Diagnosis: ***Axis I: Schizophrenia, Paranoid Type***

Posttraumatic Stress Disorder

Polysubstance Dependence

Axis II: No Diagnosis

***Axis III: Constipation, GERD, Diabetes Mellitus, Type II, Vitamin D
Deficiency***

Axis IV: Adjudication, Unemployed, History of Trauma

Axis V: GAF 67

Psychotropic medications: **Clozaril 50 mg at 9am and 200mg at bedtime**

Wellbutrin HCL XL 450mg daily

Zyprexa 10mg every morning

Diphenhydramine 75 mg at bedtime

Prozac 20mg every morning

Location of meetings with psychiatrist: **Sample County Clubhouse**

456 Sample St.

Sample City, VA 98765

Sample Phone

Frequency of meetings with psychiatrist: **Once per month**

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR (Sample CSB is Supportive)

- 8) I agree to submit to periodic blood or urine analysis as directed by treatment staff of the supervising CSB for the purposes of monitoring psychotropic medication compliance and tolerance.
- 9) I agree to receive recommended medical treatment for the duration of my conditional release. My current medical conditions and providers are listed below:

Medical Medications: **Calcium 600mg with vitamin D twice daily**

Omeprazole 20mg daily

Docusate Sodium 100mg twice daily

Multivitamin 1 tablet daily

Aspirin 81mg daily

Simvastatin 5mg at bedtime

Fish Oil 1,000mg twice per day

Lisinopril 2.5mg daily

Metamucil 1 packet in 8oz of juice twice daily

Vitamin D 50,000 tablet daily

My current medical condition(s) is: **Constipation, GERD, Diabetes Mellitus, Type II, Vitamin D Deficiency.**

Name and office location of medical provider(s): **The CSB discharge planner will coordinate all appointments prior to Mr. Acquittee's discharge from the hospital.**

- 10) I agree to be assessed by a substance abuse counselor at the supervising CSB (or CSB designee) and to follow the treatment recommendations made as a result of this assessment.

Location of Substance Abuse Assessment: **The substance abuse assessments will be incorporated into Mr. Acquittee's regularly scheduled weekly case management/therapy appointments at the Sample County Department of Human Services, Behavioral Healthcare Division, 123 Sample Drive, Sample City, VA 12345 and Clubhouse, 456 Sample Street, Sample City, VA 98765.**

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR (Sample CSB is Supportive)

11) I agree to submit to random and/or periodic breathalyzer, blood or urine analysis as directed by treatment staff of the supervising CSB for purposes of monitoring alcohol consumption, illicit drug use and/or other prohibited substances. Drug/alcohol screens will be given for the duration of conditional release. When indicated, I agree to a full drug panel screening. I further agree to pay any lab fees associated with this screening. Detection of any illicit substances, detection of alcohol use, or refusal to participate in these screenings shall constitute noncompliance with the conditional release plan. The screening schedule is as follows:

Frequency of SA screening: **Drug/alcohol screens will be conducted by the case manager at least once per week for the first six months. Results of such tests will be submitted monthly to the NGRI Coordinator in monthly progress reports. If a reduction in the frequency of these screens is requested, the request will be assessed by the NGRI Coordinator and reduced if clinically appropriate at that time.**

Duration of SA screening: **For the duration of conditional release.**

12) If applicable, I agree to be assessed by a vocational rehabilitation counselor and to follow the recommendations made from this assessment. The vocational assessment may be provided by treatment staff of the supervising CSB or can be conducted by another agency designated by the CSB.

13) I agree that, if cannot attend a meeting or session as required by this conditional release plan, I will provide advance notice by calling the person. If I am unable to contact that person, I must contact one of the following individuals:

Alternative contact #1: **Sample Name, Clubhouse Program Manager**

Phone #: **Sample Phone**

Alternative contact #2: **Sample Name, MA, Sample NGRI Coordinator**

Phone #: **Sample Phone**

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR (Sample CSB is Supportive)

C. COMMUNITY SERVICES BOARD

- 1) The **Sample CSB** will coordinate the conditional release plan. As of the beginning of the conditional release plan, the designated case manager is:
 - a. Name: **Sample Name**
 - b. Title: **Case Manager**
 - c. Community Services Board: **Sample County**
 - d. Address: **456 Sample Street**
 - e. City, State, Zip: **Sample City, VA 98765**
 - f. Phone: **Sample Phone** FAX: **Sample Fax**

- 2) The CSB shall provide the court written reports no less frequently than once every six months, to begin six months from the date of the conditional release, in accordance with § 19.2-182.7. These reports shall address the acquittee's progress, compliance with conditions of release, and adjustment in the community. Additionally, a copy of all 6-month reports shall be sent to
 - a. **Office of Forensic Services**
 - b. **DBHDS**
 - c. **P.O. Box 1797**
 - d. **Richmond, VA 23218**
 - e. **PHONE: (804) 786-8044**
 - f. **FAX: (804) 786-9621**

- 3) The CSB shall provide Forensic Services Section of DBHDS with monthly written reports for the first twelve consecutive months on conditional release. The monthly reports will address the acquittee's progress, compliance with conditions of release, and adjustment in the community. These reports are due to the Forensic Services Section at the above address no later than the 10th day of the month following the month to be reported.

- 4) Pursuant to § 19.2-182.11, the CSB understands that the court of jurisdiction must approve any proposed changes or deviations from this conditional release plan.

- 5) The CSB shall immediately provide copies of all court orders and notices related to the disposition of the acquittee to DBHDS, Forensic Services Section, at the above address.

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR *(Sample CSB is Supportive)*

D. SIGNATURES

This conditional release plan has been developed jointly and approved by the following community services board and hospital staff:

_____ Signature	_____ Date
Sample Name NGRI Coordinator Community Services Board	

_____ Signature	_____ Date
Name Title Community Services Board	

_____ Signature	_____ Date
Name Title Facility	

_____ Signature	_____ Date
Name Title Facility	

_____ Signature	_____ Date
Name Title Facility	

E. Community Services Board Recommendations and Comments

This is an opportunity for the supervising Community Services Board staff to provide recommendations and comments to the Forensic Review Panel. Please indicate the CSB’s support for or against conditional release and an explanation for the CSB’s position:

Sample County CSB is in support of Mr. Acquittee’s conditional release at this time. It is anticipated that the housing plan and daytime activities will provide adequate structure and support to ensure Mr. Acquittee’s safety and the safety of the community. Mr. Acquittee will be monitored closely by the therapist and case manager as well as the NGRI Coordinator. Also, Mr. Acquittee will be reminded, as necessary, that he cannot leave the state without permission from the adjudicating judge and the NGRI Coordinator.

Signature/Print Name	Title/CSB	Date
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Sample: CSB is NOT Supportive of CR

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR Acquittee Name

The signatures at the end of this conditional release plan indicate that I understand that I have been found not guilty by reason of insanity for **Assault and Battery, Malicious Injury by Caustic Substance and Abduction by Force**, pursuant to Virginia Code Section 19.2-182.2, and I am under the continuing jurisdiction of the **Sample County Circuit** Court as a result of that finding. Pursuant to Virginia Code Section 19.2-182.7, the **Sample Community Services Board** will be responsible for the implementation and monitoring of my conditional release plan. The undersigned parties and I have reviewed this conditional release plan and agree to follow the terms and conditions.

A. GENERAL CONDITIONS

- 1) I agree to abide by all municipal, county, state, and federal laws.
- 2) I agree not to leave the Commonwealth of Virginia without first obtaining the written permission of the judge maintaining jurisdiction over my case and the **Sample Community Services Board (CSB)**. I further understand that, pursuant to § 19.2-182.15 *Code of Virginia*, I may be charged with a class 6 Felony if I leave the Commonwealth of Virginia without the permission of the Court.
- 3) I agree not to use alcoholic beverages.
- 4) I agree not to use or possess any illegal drugs or prescribed medications unless prescribed by a licensed physician for me.
- 5) I understand that I am under the legal control of the judge maintaining jurisdiction over me and under the supervision of the CSB (and/or CSB designee) implementing my conditional release plan. I agree to follow their directives and treatment plans and to make myself available for supervision at all reasonable times.
- 6) I agree to follow the conditions of my release and conduct myself in a manner that will maintain my mental health.
- 7) I understand that, even if it is not my fault or the result of any specific violation of conditions, I may be returned to a state hospital if my mental health deteriorates. I further understand that, if I am hospitalized in the custody of the Commissioner while on conditional release, my conditional release is considered revoked unless I am voluntarily admitted.
- 8) I agree to pay for all treatment services on a fee schedule set by the CSB and/or other community providers.

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR (Sample CSB Not Supportive)

- 9) I agree that I will not own, possess, or have access to firearms and/or other illegal weapons of any kind. I further agree not to associate with persons or places that own, possess, or have access to firearms and/or other illegal weapons of any kind.
- 10) Prior to and after discharge on conditional release, I agree to release all information and records concerning my mental health and my compliance with the conditions of release to the supervising CSB, other community providers, attorney, and other participating parties.
- 11) I agree to participate in 30-40 hours per week of structured activities while I am on conditional release. These weekly activities (and any changes) must be approved in advance by the CSB.

B. SPECIAL CONDITIONS

- 1) I agree to reside where authorized by the supervising CSB. Initially, I agree to reside at the following:

XXXX (mother)

Address 123 Sample Street.

Sample City, VA 22222

Phone Sample phone

Mr. Acquittee has agreed to reside temporarily with his mother until suitable housing can be identified in Sample County. Ms. XXXX has agreed to allow Mr. Acquittee to live in his home as long as he is following all medical and mental health treatment as required. Mr. Acquittee will agree to re-locate to housing identified by Sample CSB at a later time.

If, at any point during the conditional release, I choose not to live at the above location or am asked to move out, then the supervising CSB will evaluate the situation and recommend an alternative living placement. The supervising CSB will coordinate any changes in my residence. If I choose not to reside at the CSB recommended placement, I shall be considered to be in noncompliance with the conditions of release. Any change in residence requires notification to the court by the supervising CSB. I agree to be financially responsible for the cost of my living arrangements/residential placement(s).

- 2) I will receive approximately **\$0** per month in **SSI/SSDI** benefits and will not have any source of income upon discharge from the hospital. I agree to apply for entitlements and health insurance for which I may be eligible in the community.

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR (Sample CSB Not Supportive)

- 3) I agree that I will participate in structured daytime activities for the duration of my conditional release, i.e., employment, volunteer work, school, clubhouse, AA, NA, other special groups, etc.

My initial plan is the following:

Type of daytime activity/ies:

Sample Peer Recovery Center

321 Sample Pike

Sample City, VA 22222

Sample phone

Frequency of daytime activity/ies: **Four days per week, 10am-4pm**

- a. **The Sample City Peers Helping Peers Center is a peer run center for those experiencing mental illness and/or substance abuse issues. They offer various peer run groups throughout the day that focus on topics/issues such as dual recovery, substance abuse, wellness recovery action planning (WRAP), nutritional training and computer training. This will account for only twenty-four hours of activity for Mr. Acquittee; therefore, further structured activities will be identified if released into the community and/or he will be re-referred to the Sample Clubhouse who has declined to allow him to participate in programming at this time.**
- b. **Mr. Acquittee will attend AA/NA meetings no less than three times per week for the first six months after discharge. If a reduction in the frequency of these meetings is requested, his request will be assessed by the NGRI Coordinator and reduced if clinically appropriate at that time**

- 4) Staff at the supervising CSB (or CSB designee) will provide case management for me. I agree to meet with my case manager for the purpose of monitoring compliance with the conditions of release. The name and phone number of my case manager is:

Name, address and phone number of case manager: **TBD**

Duration of case management contacts: **For the duration of conditional release.**

Frequency of case management office visit: **If granted conditional release, an intake appointment will be scheduled for Mr. Acquittee for outpatient mental health services through Sample County Behavioral Healthcare. This will occur prior to discharge from Central State Hospital. This intake appointment would be completed at 123 Sample Street, Sample City, VA 22222. After completion of intake, a case manager will be identified. Mr. Acquittee's case management sessions will occur once per week for the first six months after discharge once a case manager is identified. If a reduction in the frequency of these visits is requested, the request will be assessed by the NGRI Coordinator and reduced if clinically appropriate at that time. The frequency of visits, if reduced, will occur no less than once per month for the duration of conditional release.**

Frequency of home visit case management contacts: **TBD**

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR *(Sample CSB Not Supportive)*

- 5) I agree to work with the CSB staff responsible for conducting ongoing assessments of my mental status and associated risk factors. I understand that this may be conducted as part of case management visits, individual therapy appointments or a separate meeting as directed by the CSB. The CSB will provide qualified staff persons for the purpose of conducting mental status and risk factor assessments. The responsible person is **TBD** and the frequency of my mental status assessment and risk assessment will be conducted once per week for the first 6 months and then no less than monthly thereafter.
- 6) When applicable, I agree to participate in individual therapy with treatment staff of the supervising CSB (or CSB designee). The initial schedule for my individual therapy is:

Duration of Therapy: **TBD**

Frequency of Individual Sessions: **TBD**

Location of Therapy Sessions: **TBD**

- 7) I agree to take psychotropic medication as recommended by my treating psychiatrist. I agree to meet with my treating psychiatrist (or psychiatrist's designee) at the supervising CSB (or CSB designee) for the purposes of monitoring my psychotropic medications and to have my prescriptions renewed and refilled. I will participate in psychiatric treatment for the duration of conditional release.

Psychotropic medications: **None at present**

Location of meetings with psychiatrist: **TBD**

Frequency of meetings with psychiatrist: **Once per month for the duration of conditional release. If Mr. Acquittee is prescribed medication he will agree to take the medication as prescribed.**

- 8) I agree to submit to periodic blood or urine analysis as directed by treatment staff of the supervising CSB for the purposes of monitoring psychotropic medication compliance and tolerance.
- 9) I agree to receive recommended medical treatment for the duration of my conditional release. My current medical conditions and providers are listed below:

My current medical condition(s) is: **No known medical conditions at this time**

Name and office location of medical provider(s): **TBD**

- 10) I agree to be assessed by a substance abuse counselor at the supervising CSB (or CSB designee) and to follow the treatment recommendations made as a result of this assessment.

Location of Substance Abuse Assessment: **TBD**

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR (Sample CSB Not Supportive)

Date and Time of Assessment: **The substance abuse assessments will be incorporated into Mr. Acquittee's regularly scheduled weekly case management appointments at the Sample County Department of Human Services, Behavioral Healthcare Division**

- 11) I agree to submit to random and/or periodic breathalyzer, blood or urine analysis as directed by treatment staff of the supervising CSB for purposes of monitoring alcohol consumption, illicit drug use and/or other prohibited substances. Drug/alcohol screens will be given for the duration of conditional release. When indicated, I agree to a full drug panel screening. I further agree to pay any lab fees associated with this screening. Detection of any illicit substances, detection of alcohol use, or refusal to participate in these screenings shall constitute noncompliance with the conditional release plan. The screening schedule is as follows:

Drug/alcohol screens will be conducted by the case manager at least once per week for the first six months. Results of such tests will be submitted monthly to the NGRI Coordinator in monthly progress reports. If a reduction in the frequency of these screens is requested, the request will be assessed by the NGRI Coordinator and reduced if clinically appropriate at that time.

- 12) If applicable, I agree to be assessed by a vocational rehabilitation counselor and to follow the recommendations made from this assessment. The vocational assessment may be provided by treatment staff of the supervising CSB or can be conducted by another agency designated by the CSB.
- 13) I agree that, if cannot attend a meeting or session as required by this conditional release plan, I will provide advance notice by calling the person. If I am unable to contact that person, I must contact one of the following individuals:

Alternative contact #1: **Sample Name, MA, Arlington NGRI Coordinator**

Phone #: **Sample Phone**

Alternative contact #2: **Sample Name, MA, Forensic Discharge Planner**

Phone #: **Sample Phone**

- 14) I am responsible for arranging transportation between home and activities required under this conditional release plan. I may arrange for rides through family or friends. Lack of transportation may not be accepted as an excuse for missing activities specified by this conditional release plan.
- 15) I agree to additional special conditions that may be deemed necessary by the supervising CSB in the future.

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR (Sample CSB Not Supportive)

C. COMMUNITY SERVICES BOARD

- 1) The Sample **CSB** will coordinate the conditional release plan. As of the beginning of the conditional release plan, the designated case manager is:
 - a. Name: **Sample Name**
Title: **Forensic Discharge Planner**
Community Services Board: **Sample CSB**
Address: **123 Sample St.**
City, State, Zip: **Sample City, VA 22222**
Phone: **Sample Phone** FAX: **Sample Fax**
- 2) The CSB shall provide the court written reports no less frequently than once every six months, to begin six months from the date of the conditional release, in accordance with § 19.2-182.7. These reports shall address the acquittee's progress, compliance with conditions of release, and adjustment in the community. Additionally, a copy of all 6-month reports shall be sent to

**Office of Forensic Services
DBHDS
P.O. Box 1797
Richmond, VA 23218**

- a. **PHONE: (804) 786-8044**
- b. **FAX: (804) 786-9621**

- 3) The CSB shall provide Forensic Services Section of DBHDS with monthly written reports for the first twelve consecutive months on conditional release. The monthly reports will address the acquittee's progress, compliance with conditions of release, and adjustment in the community. These reports are due to the Forensic Services Section at the above address no later than the 10th day of the month following the month to be reported.
- 4) Pursuant to § 19.2-182.11, the CSB understands that the court of jurisdiction must approve any proposed changes or deviations from this conditional release plan.
- 5) The CSB shall immediately provide copies of all court orders and notices related to the disposition of the acquittee to DBHDS, Forensic Services Section, at the above address.

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR *(Sample CSB Not Supportive)*

D. SIGNATURES

This conditional release plan has been developed jointly and approved by the following community services board and hospital staff:

_____	_____
Signature	Date
Kelly Nieman, MA NGRI Coordinator Arlington Community Services Board	

_____	_____
Signature	Date
Name Title Community Services Board	

_____	_____
Signature	Date
Name Title Facility	

_____	_____
Signature	Date
Name Title Facility	

_____	_____
Signature	Date
Name Title Facility	

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR (Sample CSB Not Supportive)

E. Community Services Board Recommendations and Comments

This is an opportunity for the supervising Community Services Board staff to provide recommendations and comments to the Forensic Review Panel. Please indicate the CSB’s support for or against conditional release and an explanation for the CSB’s position:

The Sample County CSB is not in support of Mr. Acquittee’s conditional release at this time. Mr. Acquittee continues to have several risk factors for future aggression, such as a history of aggression, limited social supports, untreated mental illness, history of substance abuse and lack of insight. He is not following all treatment recommendations at this time (i.e. taking medications as prescribed) and continues to believe that mental health treatment is not necessary in his case. Furthermore, he has had an additional incident of aggression since admission to Central State Hospital. It is in this writer’s opinion that Mr. Acquittee has not made sufficient progression in his mental health treatment/recovery to warrant conditional release at this time or to mitigate the general risk of harm to the community. Furthermore, it is in the opinion of this writer that if granted conditional release, he is likely to have limited success on an outpatient basis. It is this writer’s recommendation that he requires inpatient treatment at this time.

Signature/Print Name	Title/CSB	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Appendix E

Sample: 6-Month Report Cover Letter – Compliant/Continue CR

July 29, 2014

The Honorable Dennis L. Hupp, Judge
Warren County Circuit Court
1 East Main Street
Front Royal, VA 22630

Acquittee Name: *XX*
Court Case Nos.: *CRXXXX*
Date of Conditional Release Order: *X/XX/XXXX*

Dear Judge Hupp,

I am writing to you in my role as NGRI Coordinator for Northwestern Community Services Board, who works with insanity acquittee Mr. XX. Enclosed is the Six-Month Report to the Court reviewing insanity acquittee Mr. XX's conditional release status for the past six months from January 29, 2014 to July 29, 2014 (pursuant to *Virginia Code Section 19.2-182.7*). Mr. XX has been compliant with the conditions of his release and at this time the Community Services Board is recommending continuation of his conditional release without modification.

Please let me know if I can be of further assistance.

Sincerely,

Name Here
NGRI Coordinator
Northwestern Community Services
209 W. Criser Road, Suite 300
Front Royal, VA 22630
(540) 636-XXXX

cc: *Name*, Attorney for the Commonwealth
Name, Attorney for the Acquittee
Name, DBHDS Office of Forensic Services

Sample: 6-Month Report Cover Letter – Compliant/Modify Conditions of CR

January 29, 2015

The Honorable Dennis L. Hupp, Judge
Warren County Circuit Court
1 East Main Street
Front Royal, VA 22630

Acquittee Name: XX
Court Case Nos.: CRXXXX
Date of Conditional Release Order: X/XX/XXXX

Dear Judge Hupp,

I am writing to you in my role as NGRI Coordinator for Northwestern Community Services Board, who works with insanity acquittee Mr. XX. Enclosed is the Six-Month Report to the Court reviewing Mr. XX's conditional release status for the past six months from July 29, 2014 to January 29, 2015 (pursuant to *Virginia Code Section 19.2-182.7*). Mr. XX has been compliant with the conditions of his release and at this time the Community Services Board is recommending continuation of his conditional release with the following modifications:

Special Condition #3: Mr. XX has obtained new part time employment; therefore, he will be completing approximately 40 hours of structured activity at the following location:

Name of Employer
123 Sample Address, Sample City, VA 12345
(540-542-XXXX)

Special Condition #4 & 6: Mr. XX's therapy/case management meetings have been reduced to monthly as he has been psychiatrically stable since discharge and has been making progress towards more independence. It is believed that monthly therapy/case management visits will be sufficient for Mr. XX at this time; however, if at any point additional meetings are needed or there is an observed change in mental status, these visits will be increased in frequency.

If there are any concerns with the above-mentioned modifications, please contact me at the address or telephone number below.

Sincerely,

Name Here

NGRI Coordinator, Northwestern Community Services
209 W. Criser Road, Suite 300, Front Royal, VA 22630
(540) 636-XXXX

cc: *Name*, Attorney for the Commonwealth
Name, Attorney for the Acquittee
Name, DBHDS Office of Forensic Services

Sample: 6-Month Report Cover Letter – Compliant/Recommend UCR

December 1, 2015

The Honorable Dennis L. Hupp, Judge
Warren County Circuit Court
1 East Main Street
Front Royal, VA 22630

Acquittee Name: ZZ
Court Case Nos.: CRXXXX
Date of Conditional Release Order: X/XX/XXXX

Dear Judge Hupp,

I am writing to you in my role as NGRI Coordinator for Northwestern Community Services Board, who works with insanity acquittee Mr. ZZ. Enclosed is the Six-Month Report to the Court reviewing Mr. ZZ's conditional release status for the past six months from June 1, 2015 to December 1, 2015 (pursuant to *Virginia Code Section 19.2-182.7*).

Since his conditional release from the hospital on June 1, 2010, Mr. ZZ has complied with all conditions of his release. He has demonstrated the ability to manage increasing levels of independence over the past five years while on conditional release. He has successfully maintained his apartment and has obtained a part-time job as a mail clerk. He has demonstrated a commitment to his treatment and it is the opinion of the Community Services Board that he will continue to follow the treatment recommendations of his providers even without the oversight of the Court. At this time the Community Services Board is recommending Unconditional Release for Mr. ZZ.

Enclosed is a model order for removal of conditions pursuant to *Virginia Code Section 19.2-182.11* should the court agree with these recommendations. If there are any questions, please contact me at the address or telephone number below.

Sincerely,

Name Here

NGRI Coordinator, Northwestern Community Services
209 W. Criser Road, Suite 300
Front Royal, VA 22630
(540) 636-XXXX

Cc: *Name*, Attorney for the Commonwealth
Name, Attorney for the Acquittee
Name, DBHDS Office of Forensic Services

Sample: 6-Month Report Cover Letter – Non-Compliance/Modify CR

May 1, 2015

The Honorable Dennis L. Hupp, Judge
Warren County Circuit Court
1 East Main Street
Front Royal, VA 22630

Acquittee Name: YY; Court Case Nos.: CRXXXX
Date of Conditional Release Order: X/XX/XXXX

Dear Judge Hupp,

I am writing to you in my role as NGRI Coordinator for Northwestern Community Services Board (CSB), who works with insanity acquittee Mr. YY. Enclosed is the Six-Month Report to the Court reviewing Mr. YY's conditional release status for the past six months, from November 1, 2014 to May 1, 2015 (pursuant to *Virginia Code Section 19.2-182.7*). Mr. YY has been struggling with non-compliance with the conditions of his release this reporting period. Mr. YY experienced a relapse of his alcohol use during this reporting period. On April 14, 2015 he arrived at his psychosocial day program smelling of alcohol and slurring his speech. His case manager alerted the NGRI Coordinator of this incident and he was asked to leave the program that day. Again, on April 22, 2015 Mr. YY was at his day program when he was asked to leave due to disruptive behavior. At that time he admitted to drinking alcohol. The NGRI Coordinator, the case manager, and the therapist for Mr. YY called him to a meeting on April 24, 2015 to assess the severity of his alcohol use, and discuss modifications to his treatment plan.

Special Conditions #8 & 10: Although Mr. YY acknowledged his relapse, he reported that he was dedicated to remaining sober. The treatment team decided to assist Mr. YY with enrollment in the CSB's relapse prevention group, which he will begin attending immediately. Mr. YY was also instructed to increase his AA meeting attendance to weekly, and complete random breathalyzer tests whenever requested by his case manager or NGRI Coordinator. He has also reached out to his sponsor and plans to call his sponsor weekly and more often if needed.

At this the Community Services Board is monitoring Mr. YY's compliance with these modifications and is not requesting revocation or further action from the Court. If there are any further compliance issues, the NGRI Coordinator will immediately notify the Court and take the appropriate steps to ensure the safety of Mr. YY and the community. If there are any concerns with the above-mentioned modifications, please contact me at the address or telephone number below.

Sincerely,

Name Here

NGRI Coordinator, Northwestern Community Services
209 W. Criser Road, Suite 300, Front Royal, VA 22630
(540) 636-XXXX

cc: *Name*, Attorney for the Commonwealth
Name, Attorney for the Acquittee
Name, DBHDS Office of Forensic Services

Sample: Notice to the Court of Emergency Hospitalization/Revocation

January 2, 2015

The Honorable William T. Newman
Arlington County Circuit Court
1425 N. Courthouse Road
Arlington, Virginia 22201

Re: Mr. XX; Case No.: CRXXXXX

Dear Judge Newman,

I am writing to you as the NGRI Coordinator for the Arlington Community Board (CSB). In my role, I provide clinical and legal oversight to insanity acquittee XX while he remains on conditional release in our community. I am writing report Mr. XX's recent hospitalization and emergency revocation of conditional release.

This NGRI Coordinator was alerted during the week of December 1, 2014 that Mr. XX had missed several of his scheduled appointments with the PACT team and had not been attending clubhouse as required in his conditional release plan. Efforts were made by the PACT team to locate Mr. XX in the community and began making daily welfare checks at his home. He was located by the PACT team and Arlington County Police on December 16, 2014 at his apartment. However, as he did not appear to require hospitalization, an appointment was scheduled for Mr. XX on December 17, 2014 to meet with the PACT team and this NGRI Coordinator to discuss the non-compliance with his conditional release plan. Mr. XX did not attend this appointment as scheduled. Daily attempts to locate Mr. XX were again initiated on December 17, 2014. A missing person report was filed for Mr. XX by this NGRI Coordinator on December 24, 2014.

Mr. XX was eventually found on December 31, 2014 by Falls Church Police. He was transported to Virginia Hospital Center on an Emergency Custody Order (ECO) and evaluated by Emergency Services staff and this NGRI Coordinator. At that time, it was determined that he was no longer an appropriate candidate for conditional release, as he had violated conditions of his release and was psychiatrically unstable. He was subsequently hospitalized at Northern Virginia Mental Health Institute on a Temporary Detention Order (TDO). An emergency revocation hearing was held on January 2, 2015 in Fairfax County at the Northern Virginia Mental Health Institute. The special justice of Fairfax County Courts revoked Mr. XX's conditional release and returned him to the custody of the Commissioner pursuant to *Virginia Code Section 19.2-182.9 and 19.2-182.10*. It is this NGRI coordinator's hope that this matter will be scheduled in front of you honor at the end of the 60-day period, to determine if Mr. XX can return to the community on conditional release or whether he needs to be committed to the custody of the Commissioner of DBHDS for ongoing inpatient hospitalization and treatment. Should there be any questions or concerns, please feel free to contact me at the address or telephone number listed below.

Sincerely,

Name Here, NGRI Coordinator
Arlington Community Services Board
1810 N. Edison Street, Arlington, VA 22207
(703) 228-XXXX

cc: *Name*, Defense Attorney
Name, Office of Commonwealth's Attorney
Name, DBHDS Office of Forensic Services

Sample: Notice to the Court of Non-Compliance/Request for Hearing

July 12, 2015

The Honorable William T. Newman
Arlington County Circuit Court
1425 N. Courthouse Road
Arlington, Virginia 22201

Re: Mr. AA
Case No.: CRXXXXX

Dear Judge Newman,

I am writing to you as the NGRI Coordinator for the Arlington Community Board (CSB). In my role, I provide clinical and legal oversight to insanity acquittee AA while he remains on conditional release in our community. I am writing the court to report violations of the conditions of his release and request a hearing to address these violations.

This NGRI Coordinator was notified on June 15, 2015 that Mr. AA had been disruptive at his apartment building and that the police had been called by the landlord to address the issue. The Arlington County Police Department responded and was able to resolve the incident without arrest. Mr. AA had been discovered with several individuals who had been staying in his apartment illegally. These people were asked to leave and they did so. However, the landlord has since discovered that they have returned. The landlord has issued an eviction notice and Mr. AA will be required to leave the apartment in 30 days. In addition to his eviction for violating his lease, Mr. AA has refused to participate in his day program activities despite continued prompting and encouragement from his providers. When he has shown up at the day program, he was suspected of delivering alcohol to other consumers and charging money for this service. Other consumers have acknowledged this to be true but Mr. AA continues to deny this. He has been discharged from the day program as a result of his behaviors.

At this time, Mr. AA does not meet conditions for revocation to the state hospital. He remains psychiatrically stable and does not need inpatient treatment. However, the continued violations of his release plan do put Mr. AA and the community at risk. This writer is requesting a hearing to address these violations, and recommends that the Court consider its option of finding the acquittee in contempt for violation of his court ordered release (pursuant to *Virginia Code Section 19.2-182.7*)

It is this writer's hope that this matter will be scheduled in front of you honor as soon as possible. Should there be any questions or concerns, please feel free to contact me at the address or telephone number listed below.

Sincerely,

Name Here, NGRI Coordinator
Arlington Community Services Board
1810 N. Edison Street, Arlington, VA 22207
(703) 228-XXXX

cc: *Name*, Defense Attorney
Name, Office of Commonwealth's Attorney
Name, DBHDS Office of Forensic Services

Sample: Notice to the Court of Change of Residence

June 13, 2014

The Honorable William T. Newman, Jr.
Arlington County Circuit Court
1425 Courthouse Road
Arlington, Virginia 22201

Re: Ms. XX
Case No.: CRXXXXXX, CRXXXXX, CRXXXXX

Dear Judge Newman,

I am writing to you as the NGRI Coordinator for the Arlington Community Services Board (CSB). In my role, I provide clinical and legal oversight to individuals on conditional release in our community. I am writing regarding insanity acquittee Ms. XX to notify to inform the court of a modification to Ms. XX's Conditional Release Plan:

Special Condition #1: Upon her initial conditional release, Ms. XX was discharged to the Transitional Group Home in accordance with her court-ordered conditional release plan. She has been successful with this placement but she has met the limit of her allotted time in the house and the transitional group home is discharging her as of today's date. The Arlington CSB NGRI Coordinator has agreed with Ms. XX's plan to return to live with her sister until she can be placed in an apartment through the Arlington Permanent Supportive Housing Program. As of June 13, 2014, Ms. XX has subsequently returned to her sister's home in Woodbridge, VA while she waits for her apartment. Ms. XX's sister, Ms. YY, has agreed to allow her to temporarily reside in her home. The address of her sister's home is as follows:

123 Sample Ave.
Woodbridge, VA 12345

It is anticipated that Ms. XX will remain at this home until September of 2014 when an apartment will become available for her use. Should there be any questions or concerns about this proposed change, please feel free to contact me at the address or telephone number listed below.

Sincerely,

Name Here, NGRI Coordinator
Arlington County Community Services Board
1810 N. Edison Street, Arlington, VA 22207
(703) 228-XXXX

cc: *Name*, Assistant Commonwealth's Attorney
Name, Defense Attorney
Name, Forensic Office, DBHDS

Sample: Request for CRP Modification - Out of State Travel Permission

January 1, 2015

The Honorable Craig D. Johnston
Prince William County Circuit Court
9311 Lee Ave.,
Manassas, VA 20110

Re: Ms. YY
Case No.: CRXXX-XXX

Judge Johnston:

I am writing to you as the NGRI Coordinator for the Arlington Community Services Board (CSB). In my role, I provide clinical and legal oversight to insanity acquittee Ms. YY while on conditional release. I am writing this letter to request a modification to Ms. YY's Conditional Release Plan pursuant to *Virginia Code Section 19.2-182.11*. This letter is meant to provide the court with information regarding the request for out-of-state passes for Ms. YY, who has expressed an interest in obtaining permission from the court to travel to Washington, DC and Maryland to search for employment. I am writing to outline the nature and scope of these requests, as I understand them, and to outline the Community Services Board's plan on how these passes would be handled should the court approve them.

Typically, when an insanity acquittee wishes to travel outside of the state of Virginia, they seek the court's permission to do so. Once the court has granted permission for such passes, I then assume responsibility for monitoring the acquittee's use of these passes in the community. Ms. YY has expressed the desire to travel to and from Washington, DC and Maryland in order to search for employment. I have spoken with Ms. YY and I would be supportive of these passes with a few conditions. I require that the acquittee inform me in advance of any plans for travel and dates of travel (both day trips and overnight trips outside of Virginia), and I then require that the acquittee contact me to inform me of their return. With regards to the current request for Ms. YY, I am in support of these passes and would take the necessary steps to monitor the use of these passes should the court approve them.

In terms of the progress Ms. YY has made since her discharge from the Northern Virginia Mental Health Institute, she has kept all scheduled appointments with her treatment providers and this NGRI Coordinator. She has successfully managed the transition to independent living and has been stable since discharge. She appears committed to continuing treatment and adhering to the restrictions placed upon her in the Conditional Release Plan. I hope that this letter answers any questions about how these passes will be monitored in the community should the court find it appropriate to approve this request. Attached you will find a model order for Travel Permission for Ms. Bates should the court decide to grant this request. Please feel free to contact me at any point if you would like to discuss this further.

Sincerely,

Name Here, Arlington County NGRI Coordinator
1810 N. Edison Street,
Arlington, VA 22207
(703) 228-XXXX

cc: *Name*, Defense Attorney
Name, Prince William County Office of the Commonwealth's Attorney
Name, DBDHS, Forensic Services

Appendix F

THE MONTHLY REVIEW OF CONDITIONAL RELEASE REPORT INSTRUCTIONS FOR COMPLETING THE FORM:

GENERAL GUIDANCE:

- Read the currently approved conditional release plan carefully. Do not assume that any of the general or special conditions have been modified or deleted unless you have a court order or letter from the NGRI judge of jurisdiction confirming that status. If the court has deleted or modified a condition, label that status in the comment section. If the conditional release plan was written so that the CSB has the authority to discontinue a service, only then it is allowed to discontinue the condition(s) without the court's specific approval. Note these two distinctions appropriately in the comment section.
- Do not use local names of programs, i.e., Rainbow House or abbreviations, i.e., ACR. Describe the program type instead, i.e., club house, detox program, adult home, etc.
- The 6-month report to the court does NOT substitute for the monthly report.
- The reporting form is available on disk for your convenience.
- **The monthly review of conditional release report is required for the first 12 months only.**

SPECIFIC INSTRUCTIONS FOR THE FORM:

1. NAME OF ACQUITTEE – Complete the full name of the acquittee.
2. DATE – Complete the date that the report is written.
3. COURT HOLDING JURISDICTION – Complete the name of the court that holds jurisdiction for the acquittee. If there are 2 or more courts of jurisdiction, complete all that apply.
4. TIME PERIOD COVERED IN REVIEW – Complete the calendar month and year for which the report is written. This report should always be completed for a full calendar month, i.e., September 2000. Do not write reports for “split” months, i.e., November 14 – December 14, 2000.
5. CHARGED WITH ANY CRIMES – Complete any crimes for which the acquittee has been charged during the reporting month.
6. CONVICTED OF ANY CRIMES – Complete any crimes for which the acquittee has been convicted during the reporting month.
7. GENERAL CONDITIONS OF RELEASE – Read the currently approved conditional release plan and write/type all general conditions in detail and by their number on the left side column. If the general conditions are not written/typed in their entirety, write/type meaningful phrases for each general condition that represents the court's intent of the general conditions.

Check off “never”, “sometimes”, or “always” to describe the acquittee’s compliance with each general condition of their release.

Write/type in comments as needed to describe the acquittee’s compliance with the general conditions of their release.

If you condense the wording of the general condition on the report, ensure that your version of the condition still represents the Court’s intent and that it can be appropriately answered by the choices – “never”, “sometimes” or “always”. Do not just write/type in a number without a description of the general condition. Do not just write/type in that “all general conditions are fine”.

8. SPECIAL CONDITIONS OF RELEASE – Read the currently approved conditional release plan and list all special conditions in detail and by their number on the left side column. If the special conditions are not written/typed in their entirety, write/type meaningful phrases for each special condition that represent the court’s intent for each special condition.

Check off “never”, “sometimes”, or “always” to describe the acquittee’s compliance with each special condition of their release.

Write/type in comments as needed to describe the acquittee’s compliance with each special condition of their release.

If you condense the wording of the special condition on the report, ensure that your version of the condition still represents the Court’s intent and that it can be appropriately answered by the choices – “never”, “sometimes” or “always”. Do not just write/type in a number without a description of the special condition. Do not just write/type in that “all special conditions are fine”.

9. DATE OF LAST FACE-TO-FACE WITH THE ACQUITTEE - Complete the date of the last face-to-face with the acquittee by the case manager.

10. DATES AND RESULTS OF ANY SUBSTANCE ABUSE SCREENING

TESTS – Complete the type of each test, the date(s) administered and the results of each test. If drug of alcohol testing is not ordered by the court and is not being administered, write/type in “not applicable”.

11. OTHER COMMENTS ON ACQUITTEE’S PROGRESS AND ADJUSTMENT IN THE COMMUNITY – This is the opportunity to complete more information about the acquittee’s progress, lack of compliance, or maintenance with the conditional release plan. It also provides space to comment on other factors that influence the acquittee’s overall adjustment in the community.

12. SIGNATURE AND PRINTED NAME – The case manager assigned should sign their name and then print/type their name. It is also recommended to add the credentials of case manager, i.e., LPC, MSW, BS, RN, etc.

13. TITLE – Print/type in the title of the CSB case manager.

14. CSB AND MAILING ADDRESS – Print/type the name of the CSB and the mailing address of the case manager.

15. PHONE AND FAX NUMBERS – Print/type the phone number and the fax where the case manager can be reached.

OTHER INFORMATION:

- The Monthly Review of Conditional Release form is due on the 10th of the month following the reporting month. An example is that the November 2000 report is due on December 10, 2000.
- Only fax **or** mail the Monthly Review of Conditional Release report. Do not send both faxed and mailed copies.

Mailing address:

Sarah Shrum
Forensic Mental Health Consultant
Department of Behavioral Health and Developmental Services
Forensic Office
P.O. Box 1797
Richmond, Virginia 23218-1797

Fax number:

Attn: Sarah Shrum
Fax: 804-786-9621

QUESTIONS OR CONSULTATION? Call Sarah Shrum at 804-786-9084

Monthly Review of Conditional Release

SPECIAL CONDITIONS OF RELEASE	ACQUITTEE'S COMPLIANCE			COMMENTS
	NEVER	SOMETIMES	ALWAYS	

Date of last face-to-face contact with acquittee: _____

Dates and results of any substance abuse screening tests:

TYPE TEST	DATE(s) ADMINISTERED	RESULTS OF TESTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If more than 5 screenings administered, please continue listing on back of form)

Other comments on acquittee's progress and adjustment in the community:

_____/_____
Signature **Name (Print)**

Title

CSB

Phone **Fax**

Appendix G

SIX-MONTH REPORT TO COURT REVIEWING CONDITIONAL RELEASE OF INSANITY ACQUITTEES INSTRUCTIONS FOR COMPLETING THE FORM:

GENERAL GUIDANCE:

- Report is submitted to the NGRI judge of jurisdiction. If there are two or more courts of jurisdiction, one report should be addressed to all judges or separate reports can be submitted to each NGRI judge of jurisdiction.
- The report should be completed and submitted every 6 months after the acquittee is placed on conditional release.
- Read the currently approved conditional release plan carefully. Do not assume that any of the general or special conditions have been modified or deleted unless you have a court order or letter from the NGRI judge of jurisdiction confirming that status. If the court has deleted or modified a condition, label that status in the comment section. If the conditional release plan was written so that the CSB has the authority to discontinue a service, only then it is allowed to discontinue the condition without the court's specific approval. Note the two distinctions appropriately in the comment section.
- Don't use local names of programs, i.e., Rainbow House or abbreviations, i.e., ACR. Describe the program type instead, i.e., club house, detox program, adult home, etc.
- The 6-month report to the court does NOT substitute for the monthly report.
- The reporting form is available on disk for your convenience.

SPECIFIC INSTRUCTIONS FOR THE FORM:

1. TO – Complete the name(s) of the NGRI judge(s) of jurisdiction and their address(es).
2. DATE – Complete the date that the report is written.
3. RE– Complete the full name of the acquittee, the court case number and the date of the conditional release order.
4. CONDITIONS OF RELEASE – **Complete all the general and special conditions of release in this section.**
 - A. GENERAL CONDITIONS OF RELEASE - Read the currently approved conditional release plan and write/type all general conditions in detail and by their number on the left side column. If the general conditions are not written/typed in their entirety, write/type meaningful phrases for each general condition that represents the court's intent of the general conditions. Check off “never”, “sometimes”, or “always” to describe the acquittee's compliance with each general condition of their release.

Write/type in comments as needed to describe the acquittee's compliance with each general condition of their release.

If you condense the wording of the general condition on the report, ensure that your version of the condition still represents the Court's intent and that it can be appropriately answered by the choices –

“never”, “sometimes” or “always”. Do not just write/type in a number without a description of the general condition. Do not just write/type in that “all general conditions are fine”.

- B. SPECIAL CONDITIONS OF RELEASE – Read the currently approved conditional release plan and list all special conditions in detail and by their number on the left side column. If the special conditions are not written/typed in their entirety, write/type meaningful phrases for each special condition that represent the court’s intent for the special conditions.

Check off “never”, “sometimes”, or “always” to describe the acquittee’s compliance with each special condition of their release. Write/type in comments to describe variations in the acquittee’s compliance with each special condition of their release.

If you condense the wording of the special condition on the report, ensure that your version of the condition still represents the Court’s intent and that it can be appropriately answered by the choices – “never”, “sometimes” or “always”. Do not just write/type in a number without a description of the special condition. Do not just write/type in that “all special conditions are fine”.

5. OTHER COMMENTS ON ACQUITTEE’S PROGRESS AND ADJUSTMENT IN THE COMMUNITY – This is the opportunity to complete more information about the acquittee’s progress, lack of compliance, or maintenance of effort with the conditional release plan. It also provides space to remark on other factors that influence the acquittee’s overall adjustment in the community.

6. CSB RECOMMENDATION TO THE COURT – This section is very important and delineates the four recommendations that can be made to the court. The case manager can make only one recommendation to the court. It may be helpful to discuss your report and recommendation with your supervisor and/or NGRI Coordinator before submitting to the court. In most cases, it is appropriate to share your recommendation with the acquittee.

7. IF MAKING A REQUEST, PROVIDE SPECIFICS OF REQUEST AND RATIONALE – Complete any details concerning a request of the court. A request would be required anytime you have made the recommendation of “modify the current conditional release order”, “revoke conditional release”, or “remove conditions of release”.

8. SIGNATURE – The case manager should sign their name. It is also recommended to add the credentials of case manager, i.e., LPC, MSW, BS, RN, etc.

9. NAME – The case manager should print/type their name.

10. ADDRESS – Print/type the name of the CSB and the mailing address of the case manager.

11. PHONE AND FAX NUMBERS – Print/type the phone number and the fax where the case manager can be reached.

12. XC - The acquittee’s attorney, the attorney for the commonwealth and the Forensic Office of DBHDS should receive a copy of this report every 6 months. If there is more than one NGRI judge of jurisdiction, send to all defense and commonwealth attorneys involved.

OTHER INFORMATION:

Only fax **or** mail the Six Month Report to Court Reviewing the Conditional Release of Insanity Acquittee. Do not send the report by both mail and fax.

Mailing address:

Sarah Shrum
Forensic Mental Health Consultant
Department of Behavioral Health and Developmental Services - Forensic Office
P.O. Box 1797
Richmond, Virginia 23218-1797

Fax number:

Attn: Sarah Shrum
Fax number – 804-786-9621

QUESTIONS OR CONSULTATION? Call Sarah Shrum at 804-786-9084

Blank Template

**Six Month Report to Court
Reviewing Conditional Release of Insanity Acquittee
Page 1 of 3**

TO: The Honorable _____ DATE: _____

RE: Acquittee Name: _____

Court Case No.: _____

Date of Conditional Release Order: _____

GENERAL CONDITIONS OF RELEASE	ACQUITTEE'S COMPLIANCE			COMMENTS
	Never	Sometimes	Always	

**Six-Month Report to Court
 Reviewing Conditional Release of Insanity Acquittee
 Page 2 of 3**

SPECIAL CONDITIONS OF RELEASE	ACQUITTEE'S COMPLIANCE			COMMENTS
	Never	Sometimes	Always	

Other comments on acquittee's progress and adjustment in the community:

**Six-Month Report to Court
Reviewing Conditional Release of Insanity Acquittee
Page 3 of 3**

Acquittee Name: _____ **Date:** _____

CSB Recommendation to the Court:

- _____ Continue conditional release
- _____ Modify current conditional release order
- _____ Revoke conditional release
- _____ Remove conditions of release

If making a request, provide specifics of request and rationale:

Signature

Name

Address

Phone

cc: Acquittee's Attorney
Attorney for Commonwealth
DBHDS Office of Forensic Services

Appendix H

Blank Template

DISCHARGE PLAN - Unconditional Release

FOR _____

The signatures at the end of this discharge plan indicate that _____ understands he or she has been found not guilty by reason of insanity of _____, and committed to the custody of the Commissioner of DBHDS pursuant to Virginia Code Section 19.2-182.2. The acquittee understands that this discharge plan is being provided to the Court pursuant to the requirements of 19.2-182.6 of the *Code of Virginia*. The acquittee agrees to follow the terms and conditions.

A. GENERAL CONDITIONS

- 1) The acquittee agrees to abide by all municipal, county, state, and federal laws.
- 2) The acquittee agrees not to use alcoholic beverages at all. Any use of alcoholic beverages may disrupt or interfere with his or her mental health, medications, domestic life, employment, or proper community conduct.
- 4) The acquittee agrees not to use or possess any illegal drugs or prescribed medications unless prescribed by a licensed physician for him or her.
- 5) The acquittee agrees to follow the recommendations of his outpatient treatment provider(s) and conduct him or herself in a manner which will maintain his mental health.
- 6) The acquittee agrees that he or she will not own, possess, or have access to firearms and/or other illegal weapons of any kind. The acquittee further agrees not to associate with those persons or places which do.

B. Recommended Treatment and Support Activities

- 1) The acquittee will reside in the following placement:

(Name) _____

(Relationship) _____

at:

Address _____

Phone _____

C. SIGNATURES

THIS DISCHARGE PLAN HAS BEEN DEVELOPED JOINTLY AND APPROVED BY THE FOLLOWING COMMUNITY AGENCY AND HOSPITAL STAFF:

Signature
Name
Title
Community Agency

Date

Signature
Name
Title
Community Agency

Date

Signature
Name
Title
Facility

Date

Signature
Name
Title
Facility

Date

Signature
Name
Title
Facility

Date

Appendix I

NGRI Finding & Temporary Custody Order

Virginia:

In the General District Court or Circuit Court of _____

Commonwealth of Virginia VS _____ Case No.: _____

NOT GUILTY BY REASON OF INSANITY - INITIAL EVALUATIONS AND HEARING

The Defendant having been found not guilty by reason of insanity of the charge(s) of _____, it is hereby ORDERED AND ADJUDGED that

1. The Acquittee, pursuant to Virginia Code Section 19.2-182.2, shall be placed in the temporary custody of the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) for evaluation, in accordance with the provisions of that section, as to whether the Acquittee may be released with or without conditions or requires commitment.
2. The Clerk of the Court is directed to contact the Forensic Director for the Department of Behavioral Health and Developmental Services, or his designee, for a designation of the appropriate facility, admission date and time. The Sheriff of _____ County, or his designee, shall transport the Acquittee to the designated facility on the agreed date and time, together with a copy of this Order and any other supporting legal and clinical documentation.
3. The evaluators' reports shall be sent to the Court on or before forty-five days after the Commissioner's assumption of custody. Copies of the reports shall be sent to the Acquittee's attorney, the attorney for the Commonwealth of the jurisdiction where the Acquittee was acquitted, and the community services board serving the locality where the Acquittee was acquitted.
4. This cause is scheduled for a hearing at _____ o'clock on the _____ day of _____, 20__ to determine whether the Acquittee shall be released with or without conditions or requires commitment. The Acquittee shall have the right to be present at the hearing, the right to the assistance of counsel in preparation for and during the hearing, and the right to introduce evidence and cross-examine witnesses at the hearing.
5. Copies of this order shall be sent to the Acquittee, the counsel for the Acquittee, the attorney for the Commonwealth of the jurisdiction where the Acquittee was acquitted, the community services board serving the locality where the acquittee was acquitted, and the Commissioner of DBHDS.
6. In the event the Acquittee's presence is required at any hearing in this cause, the Court shall issue an Order to Transport, directing the Sheriff of _____ County, or his designee, to resume custody of and transport the Acquittee back to the jurisdiction of this Court.
7. This Court retains jurisdiction in this cause, and the Acquittee shall not be discharged or released from custody of the Commissioner without further Order of this Court.

ENTERED: _____

DATE

SIGNATURE OF JUDGE

NAME OF JUDGE

cc: Commonwealth's Attorney
Acquittee's Attorney
Community Services Board
Commissioner of DBHDS,

Attn: Forensic Section. P.O. Box 1797, Richmond, VA 23218

Model Order for Extension of Temporary Custody

VIRGINIA:

IN THE _____ COURT OF _____
COMMONWEALTH OF VIRGINIA
VS.

NAME _____
SSN _____
DOB _____

DOCKETT No.-CR _____
FELONY _____
MISDEMEANOR _____
OFFENSE DATE _____

**Not Guilty by Reason of Insanity
Extension of Temporary Custody Period for
Development of Conditional Release Plan and Hearing Date**

The defendant previously having been found not guilty by reason of insanity and placed in the temporary custody of the Commissioner of the Department of Behavioral Health and Developmental Services for evaluation, and evaluations of the acquittee having been conducted resulting in a determination that the acquittee is mental ill or mentally retarded, and a recommendation by at least one evaluator that the acquittee be released on conditions.

Therefore, the Court ORDERS that

1. Pursuant to VA Code § 19.2-182.2, the period of temporary custody for evaluation is extended.
2. The hospital in which the acquittee is confined and the appropriate community services board shall jointly prepare a conditional release plan, in accordance with VA Code § 19.2-182.7. The conditional release plan shall be sent to the Court on or before * _____. Copies of this conditional release plan shall be sent to the acquittee’s attorney and the attorney for the Commonwealth of the jurisdiction where the defendant was acquitted.
3. On * _____, a hearing will be held to determine whether the acquittee shall be released with or without conditions or requires commitment.
4. The acquittee shall not be discharged or released from custody without further order of this Court.

Entered:

Date

Signature

Name of Judge

pc: Commonwealth’s Attorney
Acquittee’s Attorney
Supervising Community Services Board
Chief Forensic Coordinator, Central State Hospital
Commissioner of DBHDS
Attention: Forensic Services, P. O. Box 1797, Richmond, VA 23218

Model Order for Initial Commitment

VIRGINIA:
IN THE _____ COURT OF _____
COMMONWEALTH OF VIRGINIA

VS.

NAME _____

DOCKET No.-CR _____

FELONY _____

DOB _____

MISDEMEANOR _____

OFFENSE DATE(S) _____

**Not Guilty by Reason of Insanity
Hearing on Temporary Custody Evaluation Reports and Inpatient Hospitalization**

The acquittee having been found not guilty by reason of insanity to the charge(s) of _____ on _____ and placed in temporary custody for evaluation. This date came the attorney for the Commonwealth, _____. The acquittee _____, was present in the Court throughout the proceedings and was ably represented by counsel, _____. Based upon the written evaluations submitted by _____, the oral testimony of _____, and the arguments of counsel, the Court finds that the acquittee is ___ mentally ill or ___ mentally retarded and in need of hospitalization based on the factors in VA Code § 19.2-182.3. Therefore, the Court orders that the acquittee be committed to the custody of the Commissioner of the Department of Behavioral Health and Developmental Services.

Therefore, the Court ORDERS that

1. On _____, a hearing shall be held to review the acquittee’s need for inpatient hospitalization unless an earlier hearing is scheduled as provided by law.
2. Prior to the hearing, the Commissioner shall provide a report to the Court evaluating the acquittee’s condition and recommending treatment, as provided in VA Code § 19.2-182.5, together with a copy of this order.
3. Copies of the items described in (2) shall also be sent to the attorney for the Commonwealth for the jurisdiction from which the acquittee was committed and the acquittee’s attorney.
4. The clerk shall notify the judge of the receipt of the report so that issues regarding the acquittee’s right to counsel may be timely addressed.
5. The acquittee remains under the jurisdiction of this Court and shall not be released from custody and inpatient hospitalization without further order of the Court.
6. [This order supersedes the prior orders of this Court in this case.]

ENTERED:

_____ Date

_____ Signature

_____ Name of Judge

pc: Commonwealth’s Attorney
Acquittee’s Attorney
Supervising Community Services Board
Chief Forensic Coordinator, Central State Hospital
Commissioner of DBHDS, Attention: Director of Forensic Services, P. O. Box 1797, Richmond, VA 23218

Model Order for Recommitment

Virginia:

**In the General District Court or Circuit Court of _____
Commonwealth of Virginia**

VS. _____ Case No: _____

**NOT GUILTY BY REASON OF INSANITY – RECOMMITMENT FOR INPATIENT
HOSPITALIZATION**

This day came the Attorney for the Commonwealth, _____ The Acquittee, _____, was present in the Court throughout the proceedings and was represented by Counsel, . Based upon the evaluation(s) submitted by _____, the testimony of _____, and the arguments of counsel, the Court finds that the Acquittee is mentally ill, or mentally retarded, and in need of hospitalization based on the factors in Virginia Code Section 19.2-182.3. Therefore, the Court ORDERS that the Acquittee be recommitted to the custody of the Commissioner of the Department of Behavioral Health and Developmental Services. THE COURT FURTHER ORDERS THAT:

1. On _____, a hearing shall be held to review the Acquittee’s need for inpatient hospitalization unless an earlier hearing is scheduled as provided by law.
2. Prior to the hearing, the Commissioner shall provide a report to the Court evaluating the Acquittee’s condition and recommending treatment, as provided in Virginia Code Section **19.2-182.5**, together with a copy of this order.
3. Copies of the items described in (2) shall also be sent to the Attorney for the Commonwealth for the jurisdiction from which the Acquittee was committed and the Acquittee’s Attorney.
4. The Clerk shall notify the Judge of the receipt of the reports so that issues regarding Acquittee’s right to counsel may be timely addressed.
5. The Acquittee remains under the jurisdiction of this Court and shall not be released from custody and inpatient hospitalization without further Order of the Court.
6. This ORDER supersedes the prior ORDERS of this Court in this case.

ENTERED: _____

SIGNATURE OF JUDGE: _____

NAME OF
JUDGE: _____

cc: Commonwealth’s Attorney
Acquittee’s Attorney
Community Services Board
Commissioner of DBHDS

Attn: Forensic Section, P.O. Box 1797, Richmond, Va. 23218

Model Order for Evaluations upon Petition for Release

Virginia:
In the General District Court or Circuit Court of _____
Commonwealth of Virginia
VS.

Case No: _____

NOT GUILTY BY REASON OF INSANITY - ORDER FOR EVALUATIONS & HEARING DATE
UPON PETITION FOR RELEASE FROM INPATIENT HOSPITALIZATION

The Acquittee having been previously found not guilty by reason of insanity and committed to the custody of the Commissioner of the Department of Behavioral and Developmental Services, for inpatient hospitalization, and the Court having been petitioned for the Acquittee’s conditional release by the Commissioner who has presented the Court with a conditional release plan prepared jointly by the hospital and the appropriate community services board, it is hereby ORDER AND ADJUDGED that:

1. Pursuant to Virginia Code Section **19.2-182.6**, the Commissioner shall arrange for the Acquittee to be evaluated by two persons in the same manner as set forth in Virginia Code Section 19.2-182.2 to assess and report on the Acquittee’s need for inpatient hospitalization by reviewing his/her condition with respect to the factors set forth in Virginia Code Sections 19.2-182.3 and 19.2-182.7.
2. The evaluations shall be completed and findings reported within forty-five days of the date of the Commissioner’s receipt of this order. Copies of the report shall be sent to the Acquittee’s attorney, the attorney for the Commonwealth of the jurisdiction where the Acquittee was acquitted, the community services board serving the locality where the Acquittee was acquitted, and the Commissioner of DBHDS.
3. A hearing shall be held in this court on the _____ day of _____, 20__, at _____ o’clock, to determine whether the Acquittee shall be released with or without conditions or requires continued inpatient hospitalization. The Acquittee shall have the right to be present at the hearing, the right to the assistance of counsel in preparation for and during the hearing, and the right to introduce evidence and cross-examine witnesses at the hearing.
4. Copies of this order shall be sent to the Acquittee, the counsel for the Acquittee, the attorney for the Commonwealth of the jurisdiction where the Acquittee was acquitted, the community services board where the Acquittee shall reside upon discharge, and the Commissioner of DBHDS.
5. In the event the Acquittee’s presence is required at any hearing in this cause, the Court shall issue an Order to Transport, directing the Sheriff of _____ County, or his designee, to resume custody of and transport the Acquittee back to the jurisdiction of this Court.
6. This Court retains jurisdiction on this cause and the Acquittee shall not be discharged or released from custody of the Commissioner without further Order of this Court.

cc: Commonwealth’s Attorney
Acquittee’s Attorney
Community Services Board
Commissioner of DBHDS
Attn: Forensic Section
P.O. Box 1797
Richmond, Va. 23218

ENTERED: _____
DATE

SIGNATURE OF JUDGE

NAME OF JUDGE

Model Order for Conditional Release

Virginia:
In the General District Court or Circuit Court of _____
Commonwealth of Virginia
VS. _____ Case No: _____

NOT GUILTY BY REASON OF INSANITY - ORDER FOR CONDITIONAL RELEASE

Upon a petition submitted by the Forensic Review Panel, on behalf of the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS), pursuant to Virginia Code Section **19.2-182.6**, this day came the Attorney for the Commonwealth, _____, and the Acquittee _____. The Acquittee was present in the Court throughout the proceedings and was represented by Counsel, _____. After review of the report of clinical findings and a conditional release plan prepared in accordance with Virginia Code Section **19.2-182.6**, it is hereby ORDERED AND ADJUDGED that:

1. The Acquittee meets the criteria for conditional release as provided in Virginia Code Section 19.2-182.7.
2. The Acquittee shall be conditionally released pursuant to Virginia Code Section 19.2-182.7, subject to the following orders and conditions, which the Court deems will best meet the Acquittee’s need for treatment and supervision, and best serve the interests of justice and society:
**[The conditional release plan jointly prepared by the hospital staff and the community services board, which is attached and is hereby incorporated by reference.]*
****[Other terms and conditions imposed by the court.]***
3. The community services board serving the locality in which the Acquittee will reside upon release shall implement the Court’s conditional release orders, pursuant to Virginia Code Section 19.2-182.7, and shall submit written reports to the Court on the Acquittee’s progress and adjustment in the community no less frequently than every six months from the date of this order.
4. Copies of this order shall be sent to the Acquittee, the counsel for the Acquittee, the attorney for the Commonwealth of the jurisdiction where the Acquittee was acquitted, the community services board implementing the conditional release plan, and the Commissioner of DBHDS.
5. The Court retains jurisdiction in this cause, and the Acquittee shall not be released from conditional release without further Order of this Court.

ENTERED: _____

SIGNATURE OF JUDGE

DATE: _____

cc: Commonwealth’s Attorney
Acquittee’s Attorney
Community Services Board
Commissioner of DBHDS, Attn: Office of Forensic Services, P.O. Box 1797, Richmond, VA 23218

Model Order for Continuation of Conditional Release

Virginia:
In the Circuit Court of _____ County
COMMONWEALTH OF VIRGINIA
V. _____
Case Number:
SSN:
DOB:

Offense Date:

**Not Guilty by Reason of Insanity
Conditional Release Review**

On this day came the Attorney for the Commonwealth, _____, counsel for the Acquittee, and the Acquittee, _____, for a review of the progress of the Acquittee who was previously Conditionally Release by this Court on _____.

The Court having heard the remarks of counsel and having reviewed the reports of the _____ Community Services Board submitted pursuant to Virginia Code §19.2-182.7 and the Conditional Release Plan developed by the _____ Community Services Board, finds that the Acquittee is in compliance with the Conditional Release Order previously entered by this Court.

It is therefore ORDERED that the Acquittee shall remain on Conditional Release as provided in the Conditional Release Order and that the named agencies continue to submit reports every six (6) months, and this case is continued to _____.

The Court retains jurisdiction in this case and the Acquittee shall not be released from conditional release without further Order of this Court.

The Court certifies that at all times during the hearing the Acquittee was personally present with his attorney.

Enter: _____

, Judge

Seen:

Attorney for Acquittee

Seen:

For the Commonwealth

Model Order for Revocation of Conditional Release (Non-Emergency)

Virginia:

**In the General District Court or Circuit Court of _____
Commonwealth of Virginia**

VS. _____ Case No: _____

NOT GUILTY BY REASON OF INSANITY – REVOCATION OF CONDITIONAL RELEASE

The Acquittee having been previously found not guilty by reason of insanity and later placed on conditional release, pursuant to Virginia Code Section 19.2-182.7, and the Court having held a hearing pursuant to Virginia Code Section **19.2-182.8** after receipt of an evaluation addressing factors pertaining to whether the Acquittee’s conditional release should be revoked, hereby ORDERS AND ADJUDGES that:

1. The Court finds by a preponderance of the evidence that the Acquittee has violated the conditions of his / her release or is no longer a proper subject for conditional release based on application of the criteria for conditional release and requires inpatient hospitalization.
2. Pursuant to Virginia Code Section **19.2-182.8**, the Acquittee’s conditional release is revoked and the Acquittee shall be returned to the custody of the Commissioner of the Department of Behavioral Health and Developmental Services.
3. Within 60 days of resumption of custody, if in the opinion of hospital staff treating the Acquittee, the Acquittee’s condition improves to the degree that the Acquittee is an appropriate candidate for conditional release, he / she may be, with the approval of the Court, conditionally released as if revocation has not taken place.
4. If the Acquittee is not released, pursuant to Virginia Code Section 19.2-182.10, within 60 days of resumption of custody, then before the expiration of one year from the date of this order, the Commissioner shall, in accordance with Virginia Code Section 19.2-182.5, provide a report evaluating the Acquittee’s condition and recommending treatment.
5. Copies of this order shall be sent to the Acquittee, the counsel for the Acquittee, the attorney for the Commonwealth of the jurisdiction where the Acquittee was acquitted, the community services board supervising the Acquittee’s conditional release, and the Commissioner of Department of Behavioral Health and Developmental Services.
6. In the event the Acquittee’s presence is required at any hearing in this cause, the Court shall issue an Order to Transport, directing the Sheriff of _____, or his designee, to resume custody of and transport the Acquittee back to the jurisdiction of this Court.
7. This Court retains jurisdiction in this cause, and the Acquittee shall not be discharged or released from custody of the Commissioner without further Order of this Court.

cc: Commonwealth’s Attorney
Acquittee’s Attorney
Community Services Board
Commissioner of DBHDS
Attn: Forensic Section
P.O. Box 1797
Richmond, Va. 23218

ENTERED:

DATE

SIGNATURE OF JUDGE

NAME OF JUDGE

Model Order for Emergency Revocation

Virginia:

**In the General District Court or Circuit Court of _____
Commonwealth of Virginia**

VS. _____

Case No: _____

NOT GUILTY BY REASON OF INSANITY – REVOCATION OF CONDITIONAL RELEASE

The Acquittee having been previously found not guilty by reason of insanity and later placed on conditional release, pursuant to Virginia Code Section 19.2-182.7, and the Court having held a hearing pursuant to Virginia Code Section **19.2-182.9** after receipt of an evaluation addressing factors pertaining to whether the Acquittee’s conditional release should be revoked, hereby ORDERS AND ADJUDGES that:

1. The Court finds by a preponderance of the evidence that the Acquittee has violated the conditions of his / her release or is no longer a proper subject for conditional release based on application of the criteria for conditional release and requires inpatient hospitalization.
2. Pursuant to Virginia Code Section **19.2-182.9**, the Acquittee’s conditional release is revoked and the Acquittee shall be returned to the custody of the Commissioner of the Department of Behavioral Health and Developmental Services.
3. Within 60 days of resumption of custody, if in the opinion of hospital staff treating the Acquittee, the Acquittee’s condition improves to the degree that the Acquittee is an appropriate candidate for conditional release, he / she may be, with the approval of the Court, conditionally released as if revocation has not taken place.
4. If the Acquittee is not released, pursuant to Virginia Code Section 19.2-182.10, within 60 days of resumption of custody, then before the expiration of one year from the date of this order, the Commissioner shall, in accordance with Virginia Code Section 19.2-182.5, provide a report evaluating the Acquittee’s condition and recommending treatment.
5. Copies of this order shall be sent to the Acquittee, the counsel for the Acquittee, the attorney for the Commonwealth of the jurisdiction where the Acquittee was acquitted, the community services board supervising the Acquittee’s conditional release, and the Commissioner of Department of Behavioral Health and Developmental Services.
6. In the event the Acquittee’s presence is required at any hearing in this cause, the Court shall issue an Order to Transport, directing the Sheriff of _____, or his designee, to resume custody of and transport the Acquittee back to the jurisdiction of this Court.
7. This Court retains jurisdiction in this cause, and the Acquittee shall not be discharged or released from custody of the Commissioner without further Order of this Court.

cc: Commonwealth’s Attorney
 Acquittee’s Attorney
 Community Services Board
 Commissioner of DBHDS
 Attn: Forensic Section
 P.O. Box 1797
 Richmond, Va. 23218

ENTERED:

DATE

SIGNATURE OF JUDGE

NAME OF JUDGE

Model Order for Modification of CRP

Virginia:
In the General District Court or Circuit Court of _____
Commonwealth of Virginia
VS. _____ Case No: _____

NOT GUILTY BY REASON OF INSANITY -
HEARING REGARDING MODIFICATION OF CONDITIONS OF RELEASE

The Court having held a hearing pursuant to Virginia Code Section 19.2-182.11 regarding its proposed order of _____, 20____, hereby ORDERS AND ADJUDGES that

1. Pursuant to Virginia Code Section 19.2-182.11, the existing conditions of the Acquittee's release shall be modified as follows: (APPEND CONDITIONAL RELEASE PLAN)

2. Copies of this order shall be sent to the Acquittee, the counsel for the Acquittee, the attorney for the Commonwealth for the committing jurisdiction, the attorney for the Commonwealth of the jurisdiction where the Acquittee is residing on conditional release, the supervising community services board, and the Commissioner of DBHDS.

3. This Court retains jurisdiction in this cause, and the Acquittee shall not be released from jurisdiction without further Order of this Court.

cc: Commonwealth's Attorney
Acquittee's Attorney
Community Services Board
Commissioner of DBHDS
Attn: Forensic Section
P.O. Box 1797
Richmond, Va. 23218

ENTERED:

DATE

SIGNATURE OF JUDGE

NAME OF JUDGE

Model Order for Removal of Conditions

Virginia:
In the General District Court or Circuit Court of _____
Commonwealth of Virginia
VS. _____ Case No: _____

REMOVAL OF CONDITIONS OF RELEASE

The Court having held a hearing pursuant to Virginia Code Section 19.2-182.11 regarding its proposed order of _____, 20____, hereby ORDERS AND ADJUDGES that

1. Pursuant to Virginia Code Section 19.2-182.11, the existing conditions of the Acquittee's release shall be removed.
2. Copies of this order shall be sent to the Acquittee, the counsel for the Acquittee, the attorney for the Commonwealth for the committing jurisdiction, the attorney for the jurisdiction where the Acquittee is residing on conditional release, the supervising community services board, and the Commissioner of DBHDS.
3. This Court no longer retains jurisdiction in this cause.

cc: Commonwealth's Attorney
Acquittee's Attorney
Community Services Board
Commissioner of DBHDS
Attn: Forensic Section
P.O. Box 1797
Richmond, Va. 23218

ENTERED:

DATE

SIGNATURE OF JUDGE

NAME OF JUDGE

Petition for Involuntary Treatment/TDO (For Emergency Revocations)

PETITION FOR INVOLUNTARY ADMISSION FOR TREATMENT

Commonwealth of Virginia
VA. CODE §§ 16.1-340; 16.1-340.1; 19.2-169.6; 19.2-182.9; 37.2-808 through 37.2-819

Temporary Detention Order No.

Case No.

Hearing Date and Time

General District Court
 Juvenile and Domestic Relations District Court

.....
CITY OR COUNTY

In re

NAME OF RESPONDENT			DATE OF BIRTH			GENDER					
RESIDENCE ADDRESS						MAILING ADDRESS IF DIFFERENT					
CITY		STATE		ZIP CODE		CITY		STATE		ZIP CODE	
NAME AND ADDRESS OF CURRENT LOCATION OF RESPONDENT											
NAME AND ADDRESS OF PARENT/GUARDIAN/LEGAL CUSTODIAN (IF RESPONDENT IS A JUVENILE)											
NAME AND ADDRESS OF PARENT/GUARDIAN/LEGAL CUSTODIAN (IF RESPONDENT IS A JUVENILE)											
NAME OF PETITIONER						PETITIONER'S RELATIONSHIP TO RESPONDENT					
NAME OF AGENCY OR FACILITY OF PETITIONER (IF APPLICABLE)						(.....) FACSIMILE NUMBER					
ADDRESS OF PETITIONER						(.....) TELEPHONE NUMBER					
CITY		STATE		ZIP CODE		(.....) ALTERNATE TELEPHONE NUMBER					

I, the undersigned petitioner, being a responsible person, hereby file this petition pursuant to Virginia Code

§§ 37.2-805 through 37.2-819 (Adult Cases Only) and state that the respondent is unwilling to volunteer or incapable of volunteering for hospitalization or treatment, has a mental illness and is in need of hospitalization or treatment, and that there exists a substantial likelihood that, as a result of mental illness, the respondent will, in the near future:

- cause serious physical harm to self others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or
- suffer serious harm due to respondent's lack of capacity to protect self from harm or to provide for respondent's own basic human needs

I further state, based upon personal knowledge, that meets
NAME OF PROPOSED ALTERNATIVE TRANSPORTATION PROVIDER
the criteria of an alternative transportation provider set forth in § 37.2-808 or § 37.2-810, and request the magistrate to consider authorizing transportation of the respondent by this identified person, facility or agency as an alternative to transportation by a law enforcement agency.

The preadmission screening report has been prepared by the community services board and the report is attached.
 An initial mandatory outpatient treatment plan has been prepared by the community services board and is attached.

This petition is filed pursuant to Virginia Code § 37.2-817(C) prior to the expiration of the involuntary admission order entered on, to continue such order, of which the respondent is the subject, for a period not to exceed 180 days.
DATE

This motion for mandatory outpatient treatment is filed pursuant to Virginia Code § 37.2-805 or § 37.2-817(C) as the respondent has been the subject of a temporary detention order and voluntarily admitted himself in accordance with § 37.2-814(B) or was involuntarily admitted pursuant to § 37.2-817(C), and on at least two previous occasions within 36 months preceding the date of the hearing, has been the subject of a temporary detention order and voluntarily admitted himself in accordance with § 37.2-814(B) or has been involuntarily admitted pursuant to § 37.2-817.

§ 19.2-169.6 and as the person having custody over the respondent, who is an inmate, state that the inmate has a mental illness; there exists a substantial likelihood that, as a result of a mental illness, the inmate will, in the near future,

- cause serious physical harm to self others as evidenced by recent behavior causing, attempting, or threatening harm and any other relevant information, or
- suffers serious harm due to his lack of capacity to protect himself from harm as evidenced by recent behavior and any other relevant information;

and the inmate requires treatment in a hospital rather than a local correctional facility.

Temporary Detention Order No.

Case No.

§ 19.2-182.9 and state that the respondent, who is an acquittee on conditional release

has violated the conditions of the respondent's release, or

is no longer a proper subject for conditional release,

and the respondent requires inpatient hospitalization.

§ 16.1-340 or § 16.1-340.1 (Juvenile Cases Only) and state that because of mental illness, the respondent, who is a juvenile:

presents a serious danger to self others to the extent that severe or irreparable injury is likely to result, as evidenced by recent acts or threats, or

is experiencing a serious deterioration of the ability to care for self in a developmentally age-appropriate manner, as evidenced by delusional thinking or by a significant impairment of functioning in hydration, nutrition, self-protection, or self-control,

and the juvenile is in need of compulsory treatment for a mental illness and is reasonably likely to benefit from the proposed treatment.

The juvenile is currently detained in a detention home or shelter care facility by order of the

..... Juvenile and Domestic Relations District Court. To the extent known,

NAME OF COURT

the following charges against the juvenile are the basis of the detention in the detention home or shelter care facility:

CHARGE

CHARGE

See attached sheet for additional charges.

To the extent known, the names and addresses of the juvenile's parents are as follows:

NAME OF MOTHER AND ADDRESS

NAME OF FATHER AND ADDRESS

I request that the respondent be examined and accorded such assistance as provided by law. In support of this petition, I further state as follows:

DATE

PETITIONER

The petitioner appeared this date before the undersigned and, upon being duly sworn, made oath that the facts stated in this petition are true based on the petitioner's knowledge.

DATE

JUDGE MAGISTRATE SPECIAL JUSTICE CLERK

FOR NOTARY PUBLIC'S USE ONLY:

State of City County of

Acknowledged, subscribed and sworn to before me this day of, 20

by

DATE

NOTARY PUBLIC

Notary Registration No. (My commission expires))

Appendix I

Code of Virginia

Title 19.2. Criminal Procedure

Chapter 11. Proceedings on Question of Insanity

§ 19.2-169.5. Evaluation of sanity at the time of the offense; disclosure of evaluation results.

- A. Raising issue of sanity at the time of offense; appointment of evaluators. -- If, at any time before trial, the court finds, upon hearing evidence or representations of counsel for the defendant, that there is probable cause to believe that the defendant's sanity will be a significant factor in his defense and that the defendant is financially unable to pay for expert assistance, the court shall appoint one or more qualified mental health experts to evaluate the defendant's sanity at the time of the offense and, where appropriate, to assist in the development of an insanity defense. Such mental health expert shall be (i) a psychiatrist, a clinical psychologist, or an individual with a doctorate degree in clinical psychology who has successfully completed forensic evaluation training as approved by the Commissioner of Behavioral Health and Developmental Services and (ii) qualified by specialized training and experience to perform forensic evaluations. The defendant shall not be entitled to a mental health expert of his own choosing or to funds to employ such expert.
- B. Location of evaluation. -- The evaluation shall be performed on an outpatient basis, at a mental health facility or in jail, unless the court specifically finds that outpatient services are unavailable, or unless the results of the outpatient evaluation indicate that hospitalization of the defendant for further evaluation of his sanity at the time of the offense is necessary. If either finding is made, the court, under authority of this subsection, may order that the defendant be sent to a hospital designated by the Commissioner of Behavioral Health and Developmental Services as appropriate for evaluation of the defendant under criminal charge. The defendant shall be hospitalized for such time as the director of the hospital deems necessary to perform an adequate evaluation of the defendant's sanity at the time of the offense, but not to exceed 30 days from the date of admission to the hospital.
- C. Provision of information to evaluator. -- The court shall require the party making the motion for the evaluation, and such other parties as the court deems appropriate, to provide to the evaluators appointed under subsection A any information relevant to the evaluation, including, but not limited to (i) copy of the warrant or indictment; (ii) the names and addresses of the attorney for the Commonwealth, the attorney for the defendant and the judge who appointed the expert; (iii) information pertaining to the alleged crime, including statements by the defendant made to the police and transcripts of preliminary hearings, if any; (iv) a summary of the reasons for the evaluation request; (v) any available psychiatric, psychological, medical or social records that are deemed relevant; and (vi) a copy of the defendant's criminal record, to the extent reasonably available.
- D. The evaluators shall prepare a full report concerning the defendant's sanity at the time of the offense, including whether he may have had a significant mental disease or defect which rendered him insane at the time of the offense. The report shall be prepared within the time

period designated by the court, said period to include the time necessary to obtain and evaluate the information specified in subsection C.

- E. E. Disclosure of evaluation results. -- The report described in subsection D shall be sent solely to the attorney for the defendant and shall be deemed to be protected by the lawyer-client privilege. However, the Commonwealth shall be given the report in all felony cases, the results of any other evaluation of the defendant's sanity at the time of the offense, and copies of psychiatric, psychological, medical, or other records obtained during the course of any such evaluation, after the attorney for the defendant gives notice of an intent to present psychiatric or psychological evidence pursuant to § 19.2-168.
- F. F. In any case where the defendant obtains his own expert to evaluate the defendant's sanity at the time of the offense, the provisions of subsections D and E, relating to the disclosure of the evaluation results, shall apply.

1982, c. 653; 1986, c. 535; 1987, c. 439; 1996, cc. 937, 980; 2005, c. 428; 2009, cc. 813, 840.

§ 19.2-168. Notice to Commonwealth of intention to present evidence of insanity; continuance if notice not given.

In any case in which a person charged with a crime intends (i) to put in issue his sanity at the time of the crime charged and (ii) to present testimony of an expert to support his claim on this issue at his trial, he, or his counsel, shall give notice in writing to the attorney for the Commonwealth, at least 60 days prior to his trial, of his intention to present such evidence. However, if the period between indictment and trial is less than 120 days, the person or his counsel shall give such notice no later than 60 days following indictment. In the event that such notice is not given, and the person proffers such evidence at his trial as a defense, then the court may in its discretion, either allow the Commonwealth a continuance or, under appropriate circumstances, bar the defendant from presenting such evidence. The period of any such continuance shall not be counted for speedy trial purposes under § 19.2-243.

Code 1950, § 19.1-227.1; 1970, c. 336; 1975, c. 495; 1986, c. 535; 2008, c. 372.

§ 19.2-168.1. Evaluation on motion of the Commonwealth after notice.

- A. If the attorney for the defendant gives notice pursuant to § 19.2-168, and the Commonwealth thereafter seeks an evaluation of the defendant's sanity at the time of the offense, the court shall appoint one or more qualified mental health experts to perform such an evaluation. The court shall order the defendant to submit to such an evaluation and advise the defendant on the record in court that a refusal to cooperate with the Commonwealth's expert could result in exclusion of the defendant's expert evidence. The qualification of the experts shall be governed by subsection A of § 19.2-169.5. The location of the evaluation shall be governed by subsection B of § 19.2-169.5. The attorney for the Commonwealth shall be responsible for providing the experts the information specified in subsection C of § 19.2-169.5. After performing their evaluation, the experts shall report their findings and opinions, and provide copies of

psychiatric, psychological, medical or other records obtained during the course of the evaluation to the attorneys for the Commonwealth and the defense.

- B. If the court finds, after hearing evidence presented by the parties, that the defendant has refused to cooperate with an evaluation requested by the Commonwealth, it may admit evidence of such refusal or, in the discretion of the court, bar the defendant from presenting expert psychiatric or psychological evidence at trial on the issue of his sanity at the time of the offense.

1982, c. 653; 1986, c. 535.

Title 19.2. Criminal Procedure
Chapter 11.1. Disposition of Persons Acquitted by Reason of Insanity

§ 19.2-182.2. Verdict of acquittal by reason of insanity to state the fact; temporary custody and evaluation.

When the defense is insanity of the defendant at the time the offense was committed, the jurors shall be instructed, if they acquit him on that ground, to state the fact with their verdict. The court shall place the person so acquitted (the acquittee) in temporary custody of the Commissioner of Behavioral Health and Developmental Services (hereinafter referred to in this chapter as the Commissioner) for evaluation as to whether the acquittee may be released with or without conditions or requires commitment. The evaluation shall be conducted by (i) one psychiatrist and (ii) one clinical psychologist. The psychiatrist or clinical psychologist shall be skilled in the diagnosis of mental illness and intellectual disability and qualified by training and experience to perform such evaluations. The Commissioner shall appoint both evaluators, at least one of whom shall not be employed by the hospital in which the acquittee is primarily confined. The evaluators shall determine whether the acquittee currently has mental illness or intellectual disability and shall assess the acquittee and report on his condition and need for hospitalization with respect to the factors set forth in § 19.2-182.3. The evaluators shall conduct their examinations and report their findings separately within 45 days of the Commissioner's assumption of custody. Copies of the report shall be sent to the acquittee's attorney, the attorney for the Commonwealth for the jurisdiction where the person was acquitted and the community services board or behavioral health authority as designated by the Commissioner. If either evaluator recommends conditional release or release without conditions of the acquittee, the court shall extend the evaluation period to permit the hospital in which the acquittee is confined and the appropriate community services board or behavioral health authority to jointly prepare a conditional release or discharge plan, as applicable, prior to the hearing.

1991, c. 427; 1993, c. 295; 1996, cc. 937, 980; 2007, cc. 485, 565; 2009, cc. 813, 840; 2012, cc. 476, 507

§ 19.2-182.3. Commitment; civil proceedings.

Upon receipt of the evaluation report and, if applicable, a conditional release or discharge plan, the court shall schedule the matter for hearing on an expedited basis, giving the matter priority over other civil matters before the court, to determine the appropriate disposition of the acquittee. Except as otherwise ordered by the court, the attorney who represented the defendant at the criminal proceedings shall represent the acquittee through the proceedings pursuant to this section. The matter may be continued on motion of either party for good cause shown. The acquittee shall be provided with adequate notice of the hearing, of the right to be present at the hearing, the right to the assistance of counsel in preparation for and during the hearing, and the right to introduce evidence and cross-examine witnesses at the hearing. The hearing is a civil proceeding.

At the conclusion of the hearing, the court shall commit the acquittee if it finds that he has mental illness or intellectual disability and is in need of inpatient hospitalization. For the purposes of this chapter, mental illness includes any mental illness, as defined in § 37.2-100, in a state of remission when the illness may, with reasonable probability, become active. The decision of the court shall be based upon consideration of the following factors:

1. To what extent the acquittee has mental illness or intellectual disability, as those terms are defined in § 37.2-100;
2. The likelihood that the acquittee will engage in conduct presenting a substantial risk of bodily harm to other persons or to himself in the foreseeable future;
3. The likelihood that the acquittee can be adequately controlled with supervision and treatment on an outpatient basis; and
4. Such other factors as the court deems relevant.

If the court determines that an acquittee does not need inpatient hospitalization solely because of treatment or habilitation he is currently receiving, but the court is not persuaded that the acquittee will continue to receive such treatment or habilitation, it may commit him for inpatient hospitalization. The court shall order the acquittee released with conditions pursuant to §§ 19.2-182.7, 19.2-182.8, and 19.2-182.9 if it finds that he is not in need of inpatient hospitalization but that he meets the criteria for conditional release set forth in § 19.2-182.7. If the court finds that the acquittee does not need inpatient hospitalization nor does he meet the criteria for conditional release, it shall release him without conditions, provided the court has approved a discharge plan prepared by the appropriate community services board or behavioral health authority in consultation with the appropriate hospital staff.

1991, c. 427; 1993, c. 295; 2005, c. 716; 2012, cc. 476, 507.

§ 19.2-182.4. Confinement and treatment; interfacility transfers; out-of-hospital visits; notice of change in treatment.

- A. Upon commitment of an acquittee for inpatient hospitalization, the Commissioner shall determine the appropriate placement for him, based on his clinical needs and security requirements. The Commissioner may make interfacility transfers and treatment and management decisions regarding acquittees in his custody without obtaining prior approval of or review by the committing court. If the Commissioner is of the opinion that a temporary visit

from the hospital would be therapeutic for the acquittee and that such visit would pose no substantial danger to others, the Commissioner may grant such visit not to exceed forty-eight hours.

- B. The Commissioner shall give notice of the granting of an unescorted community visit to any victim of a felony offense against the person punishable by more than five years in prison that resulted in the charges on which the acquittee was acquitted or the next-of-kin of the victim at the last known address, provided the person seeking notice submits a written request for such notice to the Commissioner.
- C. The Commissioner shall notify the attorney for the Commonwealth for the committing jurisdiction in writing of changes in an acquittee's course of treatment which will involve authorization for the acquittee to leave the grounds of the hospital in which he is confined.

1991, c. 427; 1993, c. 295; 2006, c. 358.

§ 19.2-182.5. Review of continuation of confinement hearing; procedure and reports; disposition.

- A. The committing court shall conduct a hearing twelve months after the date of commitment to assess the need for inpatient hospitalization of each acquittee who is acquitted of a felony by reason of insanity. A hearing for assessment shall be conducted at yearly intervals for five years and at biennial intervals thereafter. The court shall schedule the matter for hearing as soon as possible after it becomes due, giving the matter priority over all pending matters before the court.
- B. Prior to the hearing, the Commissioner shall provide to the court a report evaluating the acquittee's condition and recommending treatment, to be prepared by a psychiatrist or a psychologist. The psychologist who prepares the report shall be a clinical psychologist and any evaluating psychiatrist or clinical psychologist shall be skilled in the diagnosis of mental illness and qualified by training and experience to perform forensic evaluations. If the examiner recommends release or the acquittee requests release, the acquittee's condition and need for inpatient hospitalization shall be evaluated by a second person with such credentials who is not currently treating the acquittee. A copy of any report submitted pursuant to this subsection shall be sent to the attorney for the Commonwealth for the jurisdiction from which the acquittee was committed.
- C. The acquittee shall be provided with adequate notice of the hearing, of the right to be present at the hearing, the right to the assistance of counsel in preparation for and during the hearing, and the right to introduce evidence and cross-examine witnesses at the hearing. Written notice of the hearing shall be provided to the attorney for the Commonwealth for the committing jurisdiction. The hearing is a civil proceeding.

According to the determination of the court following the hearing, and based upon the report and other evidence provided at the hearing, the court shall (i) release the acquittee from confinement if he does not need inpatient hospitalization and does not meet the criteria for conditional release set forth in § 19.2-182.7, provided the court has approved a discharge plan prepared jointly by the hospital staff and the appropriate community services board or

behavioral health authority; (ii) place the acquittee on conditional release if he meets the criteria for conditional release, and the court has approved a conditional release plan prepared jointly by the hospital staff and the appropriate community services board or behavioral health authority; or (iii) order that he remain in the custody of the Commissioner if he continues to require inpatient hospitalization based on consideration of the factors set forth in § 19.2-182.3.

- D. An acquittee who is found not guilty of a misdemeanor by reason of insanity on or after July 1, 2002, shall remain in the custody of the Commissioner pursuant to this chapter for a period not to exceed one year from the date of acquittal. If, prior to or at the conclusion of one year, the Commissioner determines that the acquittee meets the criteria for conditional release or release without conditions pursuant to § 19.2-182.7, emergency custody pursuant to § 37.2-808, temporary detention pursuant to §§ 37.2-809 to 37.2-813, or involuntary commitment pursuant to Article 5 (§ 37.2-814 et seq.) of Chapter 8 of Title 37.2, he shall petition the committing court. Written notice of an acquittee's scheduled release shall be provided by the Commissioner to the attorney for the Commonwealth for the committing jurisdiction not less than thirty days prior to the scheduled release. The Commissioner's duty to file a petition upon such determination shall not preclude the ability of any other person meeting the requirements of § 37.2-808 to file the petition.

1991, c. 427; 1993, c. 295; 1996, cc. 937, 980; 2002, c. 750; 2007, cc. 485, 565.

§ 19.2-182.12. Representation of Commonwealth and acquittee.

The attorney for the Commonwealth shall represent the Commonwealth in all proceedings held pursuant to this chapter. The court shall appoint counsel for the acquittee unless the acquittee waives his right to counsel. The court shall consider appointment of the person who represented the acquittee at the last proceeding.

1991, c. 427; 1993, c. 295 .

§ 19.2-182.13. Authority of Commissioner; delegation to board; liability.

The Commissioner may delegate any of the duties and powers imposed on or granted to him by this chapter to an administrative board composed of persons with demonstrated expertise in such matters. The Department of Behavioral Health and Developmental Services shall assist the board in its administrative and technical duties. Members of the board shall exercise their powers and duties without compensation and shall be immune from personal liability while acting within the scope of their duties except for intentional misconduct.

1991, c. 427; 2009, cc. 813, 840.

§ 19.2-182.14. Escape of persons placed or committed; penalty.

Any person placed in the temporary custody of the Commissioner pursuant to § 19.2-182.2 or committed to the custody of the Commissioner pursuant to § 19.2-182.3 who escapes from such custody shall be guilty of a Class 6 felony.

1993, c. 295.

§ 19.2-182.6. Petition for release; conditional release hearing; notice; disposition.

- A. The Commissioner may petition the committing court for conditional or unconditional release of the acquittee at any time he believes the acquittee no longer needs hospitalization. The petition shall be accompanied by a report of clinical findings supporting the petition with respect to the factors set forth in § 19.2-182.3 and by a conditional release or discharge plan, as applicable, prepared jointly by the hospital and the appropriate community services board or behavioral health authority. The acquittee may petition the committing court for release only once in each year in which no annual judicial review is required pursuant to § 19.2-182.5. The party petitioning for release shall transmit a copy of the petition to the attorney for the Commonwealth for the committing jurisdiction.
- B. 1. When a petition for release is made by the acquittee, the court shall order the Commissioner to appoint two persons in the same manner as set forth in § 19.2-182.2 to assess and report on the acquittee's need for inpatient hospitalization by reviewing his condition with respect to the factors set forth in § 19.2-182.3. The evaluators shall conduct their evaluations and report their finding in accordance with the provisions of § 19.2-182.2, except that the evaluations shall be completed and findings reported within 45 days of issuance of the court's order for evaluation.
2. When a petition for release is made by the Commissioner no further evaluations of the acquittee shall be required unless otherwise deemed necessary by the court. If the court determines that further evaluation is necessary, the court shall order the Commissioner to appoint two persons in the same manner as set forth in § 19.2-182.2 to assess and report on the acquittee's need for inpatient hospitalization by reviewing his condition with respect to the factors set forth in § 19.2-182.3. The evaluators shall conduct their evaluations and report their finding in accordance with the provisions of § 19.2-182.2, except that the evaluations shall be completed and findings reported within 45 days of issuance of the court's order for evaluation.

The Commissioner shall give notice of the hearing to any victim of the act resulting in the charges on which the acquittee was acquitted or the next of kin of the victim at the last known address, provided the person submits a written request for such notification to the Commissioner.

- C. Upon receipt of the reports of evaluation, the court shall conduct a hearing on the petition. The hearing shall be scheduled on an expedited basis and given priority over other civil matters before the court. The acquittee shall be provided with adequate notice of the hearing, of the right to be present at the hearing, the right to the assistance of counsel in preparation for and during the hearing, and the right to introduce evidence and cross-examine witnesses. Written

notice of the hearing shall be provided to the attorney for the Commonwealth for the committing jurisdiction. The hearing is a civil proceeding.

At the conclusion of the hearing, based upon the report and other evidence provided at the hearing, the court shall order the acquittee (i) released from confinement if he does not need inpatient hospitalization and does not meet the criteria for conditional release set forth in § 19.2-182.3, provided the court has approved a discharge plan prepared jointly by the hospital and the appropriate community services board or behavioral health authority; (ii) placed on conditional release if he meets the criteria for such release as set forth in § 19.2-182.7, and the court has approved a conditional release plan prepared jointly by the hospital and the appropriate community services board or behavioral health authority; or (iii) retained in the custody of the Commissioner if he continues to require inpatient hospitalization based on consideration of the factors set forth in § 19.2-182.3.

- D. Persons committed pursuant to this chapter shall be released only in accordance with the procedures set forth governing release and conditional release.

1991, c. 427; 1993, c. 295; 2007, cc. 485, 565, 785.

§ 19.2-182.7. Conditional release; criteria; conditions; reports.

At any time the court considers the acquittee's need for inpatient hospitalization pursuant to this chapter, it shall place the acquittee on conditional release if it finds that (i) based on consideration of the factors which the court must consider in its commitment decision, he does not need inpatient hospitalization but needs outpatient treatment or monitoring to prevent his condition from deteriorating to a degree that he would need inpatient hospitalization; (ii) appropriate outpatient supervision and treatment are reasonably available; (iii) there is significant reason to believe that the acquittee, if conditionally released, would comply with the conditions specified; and (iv) conditional release will not present an undue risk to public safety. The court shall subject a conditionally released acquittee to such orders and conditions it deems will best meet the acquittee's need for treatment and supervision and best serve the interests of justice and society.

The community services board or behavioral health authority as designated by the Commissioner shall implement the court's conditional release orders and shall submit written reports to the court on the acquittee's progress and adjustment in the community no less frequently than every six months. An acquittee's conditional release shall not be revoked solely because of his voluntary admission to a state hospital.

After a finding by the court that the acquittee has violated the conditions of his release but does not require inpatient hospitalization pursuant to § 19.2-182.8, the court may hold the acquittee in contempt of court for violation of the conditional release order.

1991, c. 427; 1999, cc. 700, 746; 2007, cc. 485, 565; 2008, c. 810.

§ 19.2-182.8. Revocation of conditional release.

If at any time the court that released an acquittee pursuant to § 19.2-182.7 finds reasonable ground to believe that an acquittee on conditional release (i) has violated the conditions of his release or is no longer a proper subject for conditional release based on application of the criteria for conditional release and (ii) requires inpatient hospitalization, it may order an evaluation of the acquittee by a psychiatrist or clinical psychologist, provided the psychiatrist or clinical psychologist is qualified by training and experience to perform forensic evaluations. If the court, based on the evaluation and after hearing evidence on the issue, finds by a preponderance of the evidence that an acquittee on conditional release (a) has violated the conditions of his release or is no longer a proper subject for conditional release based on application of the criteria for conditional release and (b) has mental illness or intellectual disability and requires inpatient hospitalization, the court may revoke the acquittee's conditional release and order him returned to the custody of the Commissioner.

At any hearing pursuant to this section, the acquittee shall be provided with adequate notice of the hearing, of the right to be present at the hearing, the right to the assistance of counsel in preparation for and during the hearing, and the right to introduce evidence and cross-examine witnesses at the hearing. The hearing shall be scheduled on an expedited basis and shall be given priority over other civil matters before the court. Written notice of the hearing shall be provided to the attorney for the Commonwealth for the committing jurisdiction. The hearing is a civil proceeding.

1991, c. 427; 1993, c. 295; 1996, cc. 937, 980; 2006, cc. 343, 369, 370; 2008, c. 810; 2012, cc. 476, 507.

§ 19.2-182.9. Emergency custody of conditionally released acquittee.

When exigent circumstances do not permit compliance with revocation procedures set forth in § 19.2-182.8, any district court judge or a special justice, as defined in § 37.2-100, or a magistrate may issue an emergency custody order, upon the sworn petition of any responsible person or upon his own motion based upon probable cause to believe that an acquittee on conditional release (i) has violated the conditions of his release or is no longer a proper subject for conditional release and (ii) requires inpatient hospitalization. The emergency custody order shall require the acquittee within his judicial district to be taken into custody and transported to a convenient location where a person designated by the community services board or behavioral health authority who is skilled in the diagnosis and treatment of mental illness shall evaluate such acquittee and assess his need for inpatient hospitalization. A law-enforcement officer who, based on his observation or the reliable reports of others, has probable cause to believe that any acquittee on conditional release has violated the conditions of his release and is no longer a proper subject for conditional release and requires emergency evaluation to assess the need for inpatient hospitalization, may take the acquittee into custody and transport him to an appropriate location to assess the need for hospitalization without prior judicial authorization. The evaluation shall be conducted immediately. The acquittee shall remain in custody until a temporary detention order is issued or until he is released, but in no event shall the period of custody exceed eight hours. If it appears from all evidence readily available (a) that the acquittee has violated the conditions of his release or is no longer a proper subject for conditional release and (b) that he requires emergency evaluation to assess the need for

inpatient hospitalization, the district court judge or a special justice, as defined in § 37.2-100, or magistrate, upon the advice of such person skilled in the diagnosis and treatment of mental illness, may issue a temporary detention order authorizing the executing officer to place the acquittee in an appropriate institution for a period not to exceed 72 hours prior to a hearing. If the 72-hour period terminates on a Saturday, Sunday, legal holiday, or day on which the court is lawfully closed, the acquittee may be detained until the next day which is not a Saturday, Sunday, legal holiday, or day on which the court is lawfully closed.

The committing court or any district court judge or a special justice, as defined in § 37.2-100, shall have jurisdiction to hear the matter. Prior to the hearing, the acquittee shall be examined by a psychiatrist or licensed clinical psychologist, provided the psychiatrist or clinical psychologist is skilled in the diagnosis of mental illness, who shall certify whether the person is in need of hospitalization. At the hearing the acquittee shall be provided with adequate notice of the hearing, of the right to be present at the hearing, the right to the assistance of counsel in preparation for and during the hearing, and the right to introduce evidence and cross-examine witnesses at the hearing. Following the hearing, if the court determines, based on a preponderance of the evidence presented at the hearing, that the acquittee (1) has violated the conditions of his release or is no longer a proper subject for conditional release and (2) has mental illness or intellectual disability and is in need of inpatient hospitalization, the court shall revoke the acquittee's conditional release and place him in the custody of the Commissioner.

When an acquittee on conditional release pursuant to this chapter is taken into emergency custody, detained, or hospitalized, such action shall be considered to have been taken pursuant to this section, notwithstanding the fact that his status as an insanity acquittee was not known at the time of custody, detention, or hospitalization. Detention or hospitalization of an acquittee pursuant to provisions of law other than those applicable to insanity acquittees pursuant to this chapter shall not render the detention or hospitalization invalid. If a person's status as an insanity acquittee on conditional release is not recognized at the time of emergency custody or detention, at the time his status as such is verified, the provisions applicable to such persons shall be applied and the court hearing the matter shall notify the committing court of the proceedings.

1991, c. 427; 1993, c. 295; 1996, cc. 937, 980; 2001, c. 837; 2005, c. 716; 2006, cc. 343, 370; 2008, c. 810; 2009, cc. 21, 838; 2012, cc. 476, 507; 2014, cc. 499, 538, 691, 761.

§ 19.2-182.10. Release of person whose conditional release was revoked.

If an acquittee is returned to the custody of the Commissioner for inpatient treatment pursuant to revocation proceedings, and his condition improves to the degree that, within 60 days of resumption of custody following the hearing, the acquittee, in the opinion of hospital staff treating the acquittee and the supervising community services board or behavioral health authority, is an appropriate candidate for conditional release, he may be, with the approval of the court, conditionally released as if revocation had not taken place. If treatment is required for longer than 60 days, the acquittee shall be returned to the custody of the Commissioner for a period of hospitalization and treatment which is governed by the provisions of this chapter applicable to committed acquittees.

1991, c. 427; 1993, c. 295; 2006, cc. 199, 225; 2007, cc. 485, 565.

§ 19.2-182.15. Escape of persons placed on conditional release; penalty.

Any person placed on conditional release pursuant to § 19.2-182.7 who leaves the Commonwealth without permission from the court which conditionally released the person shall be guilty of a Class 6 felony.

1993, c. 295 .

§ 19.2-182.11. Modification or removal of conditions; notice; objections; review.

- A. The committing court may modify conditions of release or remove conditions placed on release pursuant to § 19.2-182.7, upon petition of the supervising community services board or behavioral health authority, the attorney for the Commonwealth, or the acquittee or upon its own motion based on reports of the supervising community services board or behavioral health authority. However, the acquittee may petition only annually commencing six months after the conditional release order is issued. Upon petition, the court shall require the supervising community services board or behavioral health authority to provide a report on the acquittee's progress while on conditional release.
- B. As it deems appropriate based on the community services board's or behavioral health authority's report and any other evidence provided to it, the court may issue a proposed order for modification or removal of conditions. The court shall provide notice of the order, and their right to object to it within ten days of its issuance, to the acquittee, the supervising community services board or behavioral health authority and the attorney for the Commonwealth for the committing jurisdiction and for the jurisdiction where the acquittee is residing on conditional release. The proposed order shall become final if no objection is filed within ten days of its issuance. If an objection is so filed, the court shall conduct a hearing at which the acquittee, the attorney for the Commonwealth, and the supervising community services board or behavioral health authority have an opportunity to present evidence challenging the proposed order. At the conclusion of the hearing, the court shall issue an order specifying conditions of release or removing existing conditions of release.

1991, c. 427; 2007, cc. 485, 565.

Appendix K

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