Not Guilty by Reason of Insanity Order for Initial Commitment

VIRGINIA:

IN THE _____ COURT OF _____
COMMONWEALTH OF VIRGINIA
VS.

NAME_____ DOCKET No.:_____
FELONY _____
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 ___ intellectually disabled 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

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

SAMPLE