

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

IN RE: Involuntary Hospitalization of

Case No. _____ - MH - _____

RESPONDENT

VOLUNTARY TREATMENT AGREEMENT
[W.Va. Code: §27-5-2(h)]

Now comes on this _____ day of _____, 2____, the Respondent, in person and by and through his or her counsel, and submits to the Court this **VOLUNTARY TREATMENT AGREEMENT** approved by both Respondent and Counsel for Respondent as reflected by the signature of each to this Agreement. Respondent requests the Court pursuant to *West Virginia Code*: § 27-5-2(h) to consider evidence on whether Respondent's circumstances make him or her amenable to outpatient treatment in a nonresidential or non-hospital setting, to consider whether appropriate outpatient treatment for Respondent is available in a nonresidential or non-hospital setting, to approve this Agreement, and to enter an Order finding amenability, available appropriate treatment, and releasing Respondent to outpatient treatment upon the terms and conditions of this Voluntary Treatment Agreement.

The terms and conditions of this Voluntary Treatment Agreement are as follows:

A. **Respondent agrees to and will comply with all the terms and conditions set forth in this Voluntary Treatment Agreement as a condition of release.** Respondent acknowledges that in the event he or she fails or refuses to comply with any of the terms and conditions of this Agreement, the court may order the Respondent taken into custody, brought for hearing before the Court, and involuntarily committed/hospitalized for examination and treatment pursuant to the provisions of *West Virginia Code*: § 27-5-3.

B. Respondent may request the court to modify or cancel this Agreement pursuant to the provisions of *West Virginia Code* § 27-5-2(h).

C. This Voluntary Treatment Agreement shall have an effective date of _____, 2____, and shall remain in effect for **[insert applicable time period]** _____,

_____ which time period is: **[initial appropriate maximum time period]**

_____ Not more than six (6) months, inasmuch as the Respondent has not been involuntarily committed in the past two years.

_____ Not more than two (2) years, since the Respondent has been involuntarily committed in the past two years, to-wit: **[insert date and place of last involuntary commitment]** _____

_____.

D. The following treatment provider(s) have been contacted by or on behalf of Respondent and have agreed to provide Respondent appropriate outpatient treatment or a combination of inpatient/outpatient treatment as more fully described hereinafter in the terms and conditions of treatment:

Treatment Provider	Location Address	Phone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____

E. As concerns the issue of availability of treatment, the following transportation arrangements have been made/are available, to make the proposed treatment accessible to Respondent: _____

F. As concerns the issue of availability of treatment, the following arrangements have been made/are available, for payment of the proposed treatment: _____

G. The specific **TERMS AND CONDITIONS OF TREATMENT** are as follows:

[Recite specific terms and conditions of the treatment to be offered by the treatment provider and accepted by the Respondent together with specific obligations of the Respondent in connection with that treatment. Attach additional pages as necessary.]

Treatment pursuant to this Agreement includes [*check appropriate box*] no days, or _____ days [*insert number of days*] of VOLUNTARY INPATIENT TREATMENT at the _____ mental health/addiction treatment facility [*check appropriate box*] before or during outpatient treatment. Respondent agrees to check him or herself in to said facility for treatment on the following date(s) [*insert date(s)*] _____ or at any time the following described symptoms manifest during outpatient treatment: [*describe symptoms*] _____

_____.

Respondent agrees to not attempt to check him or herself out of VOLUNTARY INPATIENT TREATMENT during the time period(s) designated above for such inpatient treatment or for so long as the above-described symptoms remain manifest during the effective period of this Voluntary Treatment Agreement. Respondent accepts the voluntary inpatient treatment as a condition to the Court's finding of amenability to outpatient treatment and conditional release of Respondent to outpatient treatment.

[attach additional pages as necessary]

Submitted, approved by, and given under our hands this _____ day of _____, 2____.

RESPONDENT

COUNSEL FOR RESPONDENT