| NOTICE OF ALTERNATIVE FACILITY OF TEMPORARY DETENTION Commonwealth of Virginia VA. CODE § 37.2-809 | | | Temporary Detention Order No | | |
|--|---------------------------|--|--|--|---------------|
| | | | | | |
| | CITY OR COUNTY | | | | |
| In re | NAME OF RESPONDE | | | OF BIRTH | GENDER |
| RESIDENCE ADDRESS | | | MAILING ADDRESS IF DIFFERENT | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| NOTICE TO | CLERK OF COURT | OF ISSUING JU | JRISDICTION: | | |
| detention. It v of the respond | | alternative facility ecurity, medical or indicated on the to | y is a more appropria r behavioral health r | ate facility for tempor needs of the responde order: | ary detention |
| | | ADDRESS | | | |
| | | TELEPHO | NE NUMBER | | |
| Alternative fac | cility of temporary deter | ntion: | | | |
| | | NAME OF ALTER | RNATIVE FACILITY | | |
| | | ADI | DRESS | | |
| | | ТЕLЕРНО | NE NUMBER | | |
| | | | | | |
| | DATE | | SIGNATURE | E OF CSB [] EMPLOYEE [] DE | SIGNEE |

PRINT NAME OF CSB [] EMPLOYEE [] DESIGNEE COMMUNITY SERVICES BOARD