

Virginia: Special Justice of the General District Court of the City of Richmond

File Number: _____

Re _____, Patient

Date Of Birth ___ / ___ / ___ | Social Security # _____

Petition to Authorize Medical Treatment For Incapacitated Adult

Pursuant to Va. Code § 37.2-1101, the undersigned Petitioner alleges:

1. The Patient is an adult and is located at: [] **Chippenham/Tucker Pavilion** [] **Medical College of Virginia** [] **McGuire V.A. Hospital**, [] **Richmond Community Hospital** [] _____.
2. The Patient is incapable of making an informed decision regarding medical treatment, or is incapable of communicating such a decision, due to a physical or mental disorder other than dysphasia or other communication disorder.
3. The Patient requires the following medical treatment, which does not consist of nontherapeutic sterilization, abortion, or psychosurgery; admission to a mental retardation facility or a psychiatric hospital; administration of antipsychotic medication or electroconvulsive therapy; or restraint or transportation of the person except as is necessary to the provision of treatment for a physical disorder: [] **See attached.** [] _____

_____.
4. There is no legally authorized person available to consent to the medical treatment; the Patient is unlikely to become capable of making an informed decision or of communicating an informed decision within the time required for decision, and the proposed treatment or course of treatment is in the best interest of the patient and not known to be contrary to the person's religious beliefs or basic values unless necessary to prevent death or a serious irreversible condition.
5. Petitioner requests that the Court consent to the described treatment on behalf of the Patient and permit the same to be provided by the staff of the facility in which the petition is located and by [] Petitioner or [] _____, a licensed health care services provider in the Commonwealth of Virginia.

6. Petitioner has delivered a completed copy of this Petition to the Patient.

Date: _____ | _____, Petitioner

Printed Name of Petitioner: _____

Petitioner Phone: _____ (Pager or Cell Phone: _____ Fax: _____)

[Complete in triplicate: 1 for Patient, 1 for Chart, 1 for Court]