

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF STATE POLICE

NOTIFICATION OF INVOLUNTARY ADMISSION OR INCAPACITATION

THIS FORM SERVES TWO PURPOSES: 1) the top portion notifies the Central Criminal Records Exchange (CCRE) of an adjudication of involuntary admission to mental health treatment or incapacitation and 2) the lower portion (separated by • • •) notifies the CCRE of a restoration of capacity.

Sections 18.2-308.1:2 and 18.2-308.1:3 of the Code of Virginia specify that it shall be unlawful for any person involuntarily admitted to a facility pursuant to section 37.2-817 or adjudicated incapacitated pursuant to Article 1.1 (37.2-1000 et seq.) of Chapter 4 of Title 37.2 and whose capacity has not been restored pursuant to section 37.2-1012 to purchase, possess or transport any firearm. Sections 37.2-819 and 37.2-1014(B) stipulate that the clerk shall forward, forthwith, to the Central Criminal Records Exchange, on a form provided by the CCRE, a copy of any order for involuntary admission to inpatient or outpatient treatment pursuant to section 37.2-817 or adjudicating a person incapacitated under Article 1.1 (37.2-1000 et seq.) of Chapter 4 of Title 37.2.

Check Appropriate Block(s):

[] INVOLUNTARILY ADMITTED TO INPATIENT OR OUTPATIENT TREATMENT (Section 37.2-817)

PERIOD OF ADMISSION

(Date Must Be Entered)

[] INCAPACITATED (Article 1.1, Section 37.2-1000 et.seq.)

COURT OF JURISDICTION: _____

COURT CASE NUMBER: _____ DATE OF COURT ORDER: _____

ATTACH COPY OF COURT ORDER

SIGNATURE OF CLERK: _____

DATE SUBMITTED: _____

INDIVIDUAL INFORMATION: (Print Clearly)

Table with columns: LAST NAME, FIRST, MIDDLE, (MAIDEN), SEX, RACE, DATE OF BIRTH, HEIGHT, WEIGHT, HAIR, EYES, SOCIAL SECURITY NUMBER

LIST ANY OTHER NAME, SOCIAL SECURITY NUMBER, OR DATE OF BIRTH KNOWN TO HAVE BEEN USED:

Table with columns: LAST NAME, FIRST, MIDDLE, (MAIDEN), DOB, SSN

COMPLETE THIS PORTION OF THE FORM WHEN AN ORDER OF RESTORATION OF CAPACITY OR RIGHT TO PURCHASE, POSSESS, OR TRANSPORT A FIREARM HAS BEEN ENTERED.

NOTIFICATION OF RESTORATION OF CAPACITY OR RIGHT TO PURCHASE, POSSESS, OR TRANSPORT A FIREARM:

Section 37.2-1014(B) requires the clerk to provide the Central Criminal Records Exchange a copy of any order of restoration of capacity under section 37.2-1012. Section 18.2-308.1:3 requires the clerk to forward to the Central Criminal Records Exchange a copy of any order issued for restoration of the right to purchase, possess, or transport a firearm by any individual who was previously involuntarily admitted to a facility pursuant to section 37.2-817.

COURT OF JURISDICTION: _____ DATE SUBMITTED: _____

DATE OF COURT ORDER: _____

COURT CASE NUMBER: _____

ATTACH COPY OF COURT ORDER

SIGNATURE OF CLERK: _____

MAIL THIS FORM TO: DEPARTMENT OF STATE POLICE, CENTRAL CRIMINAL RECORDS EXCHANGE, P. O. BOX 27472, RICHMOND, VA 23261-7472

Questions concerning the completion of this form may be directed to the Office Manager, Central Criminal Records Exchange, (804) 674-6724.

Distribution: Original - CCRE; First Copy - Retain to Submit Restoration Information; Second Copy - Clerk's Office.

STATE POLICE USE ONLY table with rows: ENTERED, REMOVED, OTHER