27-6A-5(a)

Return of Defendant or

Acquittee to inpatient

mental health facility

**IN THE CIRCUIT COURT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, WEST VIRGINIA**

**State of West Virginia,**

**v. Case No.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**Defendant.**

**ORDER DIRECTING RETURN TO INPATIENT MENTAL HEALTH FACILITY**

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (he/she), who is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Relationship to the Acquitee or official at the mental health facility where he/she resides) gave notice that the Acquitee was not continuing his/her treatment and as a result is now a danger to him/herself and others.

Based upon this notice the Court FINDS the Acquitee has violated the terms of his/her conditional discharge and shall be returned to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in-patient state facility.

The Court orders that the Sheriff of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County transport the Acquitee to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state mental health facility).

The Court further Orders that the prosecuting attorney file a motion for the Court to reconsider the Acquitee’s release and reorder the Acquitee to a mental health facility which is the least restrictive setting appropriate to

manage the Acquitee and protect the public.

The Clerk of the Court shall send certified copies of this Order to attorneys of record and Statewide Forensic Coordinator, William R. Sharpe, Jr. Hospital

936 Sharpe Hospital Road Weston, WV 26452-8550.

Entered this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judge

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistant Prosecuting Attorney

Address

Telephone and Fax

Bar ID #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counsel for Defendant

Address

Telephone and Fax

Bar ID #