

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

IN RE: Involuntary Hospitalization of

Case No. _____ - MH - _____

RESPONDENT

**MOTION FOR CANCELLATION OR MODIFICATION
OF VOLUNTARY TREATMENT AGREEMENT
[W.Va. Code: §27-5-2(h)]**

Now comes the undersigned Respondent and requests and hereby moves that the Voluntary Treatment Agreement as the same more fully appears in the file of this cause be: *[check one of the following]*

_____ Canceled, or
_____ Modified. *[If requesting modification, state the changes requested]* _____

The basis (ground) for this request is: *[provide the reasons why this request is being made]* _____

[attach additional pages as necessary].

Wherefore, your Respondent would request that this Court enter an order setting this motion for hearing.

Respectfully presented this _____ day of _____, 2 _____.

Provide your mailing address:

RESPONDENT SIGNATURE

