Select County

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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 request 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 in motion for hearing.

Respectfully presented this _____ day of _____ , 20_____.

Click here to auto-fill date/time below

_____ _____

Date Time

_____

RESPONDENT SIGNATURE