

TEMPORARY DETENTION ORDER

Commonwealth of Virginia

Va. Code §§ 16.1-340; 37.2-809; 19.2-169.6; 19.2-177.1; 19.2-182.9

Case No. C-17☒ General District Court ☐ Circuit Court
☐ Juvenile and Domestic Relations District CourtMontgomery
Seng-Hui ChoBlacksburg, VA 24060

NAME AND ADDRESS OF RESPONDENT

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT.		WGT.	EYES
		MO.	DAY	YR.	FT.	IN.		
A	M				5	08	150	BRO

SSN

DOB

STATE

TO ANY AUTHORIZED OFFICER OF: Va Tech PD

Based upon facts presented in the detention hearing, and based upon advice presented by

Kathy Godbey

a person skilled in the assessment or diagnosis and treatment of mental illness who has completed a certification program approved by the Department of Mental Health, Mental Retardation and Substance Abuse Services, the undersigned judicial officer finds probable cause to believe that the respondent:

- ☒ pursuant to § 37.2-809, is mentally ill and in need of hospitalization, and presents an imminent danger to self or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for self, and is incapable of volunteering or unwilling to volunteer for treatment.
- ☐ pursuant to § 16.1-340, is a juvenile who is mentally ill and in need of hospitalization, and presents an imminent danger to self or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for self, and is incapable of volunteering or unwilling to volunteer for treatment.
- ☐ pursuant to subdivision A 2 of § 19.2-169.6, is a defendant in custody and awaiting trial, and is mentally ill and in need of hospitalization, and presents an imminent danger to self or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for self.
- ☐ pursuant to subdivision B of § 19.2-176, is a defendant who has been convicted of a crime but not yet sentenced and is mentally ill and in need of hospitalization, poses an imminent danger to self or others if not immediately hospitalized, or is so seriously mentally ill as to be substantially unable to care for self.
- ☐ pursuant to § 19.2-177.1, is a defendant who is in the custody of a local correctional facility after having been sentenced for a crime and is mentally ill and in need of hospitalization, and presents an imminent danger to self or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for self.

_____, a person who has custody of the respondent has filed a petition to commence the mental commitment proceeding.

- ☐ pursuant to § 19.2-182.9, is an acquittee on conditional release, and has violated the conditions of release or is no longer a proper subject for conditional release, and requires emergency evaluation to assess the need for inpatient hospitalization.
- ☐ The respondent is currently in a juvenile detention or shelter care facility.

THEREFORE, you are commanded to take the respondent into custody and transport the respondent from the respondent's present location at Virginia Tech PD, Blacksburg, VA 24060

CURRENT LOCATION OF RESPONDENT

to: Carilion St. Albans Behavioral2900 Lamb Circle, Christiansburg, VA 24073

NAME AND ADDRESS OF FACILITY

- ☐ Prior to placement in the above facility, transport the respondent to a medical facility to obtain emergency medical evaluation or treatment.

The duration of temporary detention may not exceed the period authorized in Virginia Code § 37.2-809, § 16.1-340, subdivision A 2 of § 19.2-169.6, subdivision B of § 19.2-176, § 19.2-177.1, or § 19.2-182.9. If this order commands that the respondent be detained pursuant to § 37.2-809, the director of the facility of temporary detention may release the respondent prior to a hearing as authorized in § 37.2-814 if it appears, based on an evaluation conducted by the psychiatrist or clinical psychiatrist treating the respondent, that the respondent would not present an imminent danger to self or others if released. If the respondent is detained by this order pursuant to § 16.1-340, subdivision A 2 of § 19.2-169.6, subdivision B of § 19.2-176, § 19.2-177.1, or § 19.2-182.9, the director of the facility of temporary detention may not release the respondent without an order of a judge. If the judicial officer issues this order pursuant to § 37.2-809, § 16.1-340, subdivision A 2 of § 19.2-169.6, subdivision B of § 19.2-176, or § 19.2-177.1, this order becomes void if not executed within:

☒ 24 hours ☐ _____ hours after issuance.12/13/2005 10:12 PM

DATE AND TIME OF ISSUANCE

Elinor E. WilliamsElinor E. Williams

CLERK OF COURT JUSTICE

Respondent discharged from institution on this day: _____

by _____

NAME/TITLE

EXECUTED by delivering a copy of this Order

to the respondent on this day 12-13-05 2250

DATE AND TIME OF EXECUTION

Howard M. Lewis

OFFICER TAKING RESPONDENT INTO CUSTODY

12-13-05 2250
DATE AND TIME RESPONDENT DELIVERED TO FACILITYVA Tech PD

BADGE NO., AGENCY, AND JURISDICTION

for _____

SHERIFF

Commonwealth of Virginia

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND
SUBSTANCE ABUSE SERVICESPROCEEDINGS FOR CERTIFICATION FOR INVOLUNTARY
ADMISSION TO A PUBLIC or PRIVATE LICENSED
MENTAL HEALTH FACILITY

PURSUANT TO §§37.1 - 67.1 through 37.1 - 67.3, Code of Virginia (1950), as amended.

City
County of Montgomery

To wit:

PETITION

To the Judge or Special Justice of the Juvenile and Domestic Relations District Court of the County of Montgomery
In the matter of Suerg Hui Cho
Given Name Middle Name(s) SurnameSoc. Security No. [REDACTED] Birth Date [REDACTED] Sex M Permanent Address [REDACTED]
Centerville VA St. & Number or Route No. [REDACTED]
City or Post Office State Zip CodeLegal Resident* of Fairfax County Citya person alleged to be Mentally ill
who is now in the care of VTPD indicates whichever applies: Mentally Ill, Alcoholic, Drug Addict
Name Address Relationship

The undersigned petitioner alleges that the above person is mentally ill and in need of hospitalization. In support of the allegation, the petitioner, _____ submits the following facts:

☒ Prescreening evaluation has been made and the report recommending hospitalization is attached.Wherefore, your petitioner prays that the said Suerg-Hui Cho be examined and accorded such assistance provided by law.Date 12-13 2005 SIGNED Howard D. LucasRelation to person None Address _____Phone number [REDACTED] If public officer, give title Police Officer

The foregoing petitioner, being duly sworn, deposes and says that the statements set forth above are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me on this 13 day of December, 2005Kathy M. Gentry
Judge, Special Justice, or County PublicKathy M. Gentry
Print Name Phone Number [REDACTED]Commission expires on March 31, 2007 Title Notary Public

*§ 37.1-3(12) "Legal Resident" of Virginia means any person who is a bona fide resident of the Commonwealth of Virginia.

PRINT or TYPE ALL INFORMATION EXCEPT WHERE SIGNATURES ARE REQUIRED.

PREPARE AND SEND TO THE STATE HOSPITAL OR OTHER FACILITY TO WHICH PATIENT IS ADMITTED.

GENERAL INFORMATION

Place of Birth _____
 Marital status: Single _____ Married _____ Widowed _____ Divorced _____
 Separated _____ Unknown _____
 Race _____
 Religion: Protestant _____ Catholic _____ Jewish _____ Other _____ Unknown _____
 Occupation _____
 Nearest Relative or Correspondent _____
 Name _____ Address _____ Telephone No. _____ Relationship _____

PHYSICIAN'S EXAMINATION

Mental Information:

State briefly mental symptoms of patient: *Oral x 4. Affect is flat and mood is depressed. He denies suicidal ideation. He does not acknowledge symptoms of a thought disorder. His insight and judgment are impaired.*

When first observed *12/14/05* How rapid development _____

Has patient attempted suicide: Yes _____ No ☒ If yes, explain _____

Has patient attempted homicide: Yes _____ No ☒ If yes, explain _____

If mentally retarded, state intellectual level, if available _____

Has patient had previous psychiatric care? Yes _____ No ☒ Unknown _____

If yes, name hospital, clinic or private psychiatrist _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Alcoholic habits (state briefly, if known) *none*

Drug habits (state briefly, if known) *none*

Physical Information:

State briefly any present or recent physical disease, illness or injury *none*

Is patient on medication? Yes _____ No ☒ If yes, what _____

A. COMMONWEALTH OF VIRGINIA

City
County of Montgomery

I, the undersigned physician, do certify that I have this day personally examined the person named in the foregoing petition and as the result of such examination have sufficient cause to believe that he (is/does) mentally ill; that he (does/does not) present an imminent danger to (himself/others), and/or is (is/is not) substantially unable to care for himself, as a result of mental illness; and that he (is/is not) require involuntary hospitalization. Further, I am not related by blood or marriage to the individual on whom the petition is filed and have no interest in his estate.

Given under my hand this 14 day of Dec. 20 05

820 University City Blvd. Suite 1
Blacksburg, VA 24060

R. C. [Signature]
Doctor of Medicine (type/print)

[Signature]
Signature

NOTE:

This certification of examination shall not be accepted or used as evidence at any hearing under §37.1-67.3 of the Code of Virginia (1950), as amended, UNLESS such examination be made within the five (5) days immediately preceding such hearing and provided there is no objection to the acceptance of same by the person or his attorney. The positive certification of at least one physician is necessary to commit the person named in the petition.

- B. I certify that upon the appearance before me of the person named in the petition, on this 14 day of Dec. 20 05, I informed him of his right to make application for voluntary admission and treatment as provided for in §37.1-65, his right to a full and impartial hearing in the event that he should refuse to make application for voluntary admission, his right to representation by counsel, the basis for his detention, the standard upon which he may be detained, his right to appeal such hearing to the circuit court, and his right to a jury on appeal. I then ascertained if he was represented by counsel.

(Check One) ☒ A voluntary admission requested (complete DMH Form 1006-B)
☐ A hearing requested
☐ A hearing required due to incapacity to consent to voluntary admission and treatment

(Check One) ☒ Represented by counsel of own choosing
☐ Counsel appointed

[Signature]
Judge or Special Justice

Title Special Justice

- C. I certify that I, an attorney-at-law, served as counsel for the person named in the foregoing petition, that I interviewed such person and all witnesses, if any, in his behalf, prior to any hearing, and that after my employment or appointment as counsel, I did represent the person named in the foregoing petition at all proceedings conducted by the judge or special justice pursuant to the foregoing petition.

#54-1360734

[Signature]
Address

Subscribed and sworn to before me this 14 day of Dec. 20 05

[Signature]
Judge or Special Justice

Title Special Justice

- D. (Execute only if hearing requested.)

I hereby certify that the person named in the foregoing or the attorney-at-law representing such person requested a hearing on the question of his admission. Such hearing was held on this day 14 day of December 20 05 and the following witnesses were summoned:

Name	Address	Relationship
<u>[Signature]</u>		
Name	Address	Relationship
Name	Address	Relationship
Name	Address	Relationship
Name	Address	Relationship

[Signature]
Judge or Special Justice

[Signature]
Special Justice

CERTIFICATION AND ORDER FOR INVOLUNTARY ADMISSION
TO A PUBLIC OR LICENSED PRIVATE FACILITY

COMMONWEALTH OF VIRGINIA

TDJ #121GM3400502020

City
County of MONTGOMERY

To the sheriff or other authorized officer of said county or city and to the director of

Facility Paul M. Barnett Address _____
Special Justice
Greetings: P.O. Box 5029
WHEREAS, I Christiansburg, VA 24068 Judge or Special Justice of G.D.

court of the said county or city have observed the person named in the foregoing petition, alleged to be in need of care and treatment in a hospital, and have reviewed the medical certifications and statement of facts upon which such certifications are based and have this day found that the person named in the foregoing petition:

- ☒ 1. Presents an imminent danger to himself as a result of mental illness.
☐ 2. Presents an imminent danger to others as a result of mental illness.
☐ 3. Has otherwise been proved to be so seriously mentally ill as to be substantially unable to care for himself.

Furthermore: (check one and complete)

- ☒ A. The alternatives to involuntary hospitalization and treatment were investigated and were deemed suitable. I have found that there is a less restrictive alternative to involuntary hospitalization and treatment in this case. I, therefore, direct that the person named in the foregoing petition receive treatment in accord with the following order:

COURT ORDERED 8-8-78 FOLLOW UP
NO COMPULSORY TREATMENT

- ☐ B. The alternatives to involuntary hospitalization and treatment were investigated and were deemed unsuitable. I have found that there is no less restrictive alternative to involuntary hospitalization and treatment in this case.

I, therefore, command you, the said sheriff, other authorized officer or responsible person, to make provision for the suitable and proper care of the person named in the foregoing petition and to deliver such person to the director of _____

_____ for involuntary hospitalization and treatment not to exceed 180 days from this date. Furthermore, if admission is denied pursuant to §§37.1-68 or 37.1-70, you are hereby authorized to return the person named in the foregoing petition to this jurisdiction.

Given under my hand and seal this 14 day of Dec, 2005

Transfer of Medical Records Authorized

Paul M. Barnett
Paul M. Barnett
Special Justice
P.O. Box 5029
Christiansburg, VA 24068

Type
or
Print

Paul M. Barnett
Judge or Special Justice
Name Paul M. Barnett
Title Special Justice
Address P.O. Box 5029
Christiansburg, VA 24068

INVOLUNTARY COMMITMENT PROCESS —
WRITTEN EXPLANATION
Commonwealth of Virginia
VA. CODE § 37.1-67.3

COURT CASE NO. 1 DO #

1219M3400502020

MONTGOMERY COUNTY

☐ Juvenile and Domestic Relations District Court
☒ General District Court

In re: SEUNG - Hui CHO

To the respondent:

You have the right to retain private counsel or be represented by a court-appointed attorney in this proceeding.

You may present any defenses you have to your involuntary commitment including independent evaluations expert testimony, and the testimony of other witnesses.

You have the right to be present and to testify during the hearing.

You have the right to appeal to the circuit court any certification for involuntary commitment, and to have a jury trial on appeal.

I have received a copy of this written explanation and its contents have been explained to me.

The judge may rely solely upon the evaluations and reports of the appointed examiner and of the Community Services Board, to order your involuntary commitment, if these reports are not contested by you.

12/14/05
DATE

[Signature]
SIGNATURE OF RESPONDENT

I have determined that the respondent has received this form and its contents have been explained to him.

12/14/05
DATE

[Signature]
JUDGE