

REQUEST FOR CONFIDENTIALITY

Commonwealth of Virginia Va. Code §§ 19.2-11.01; 19.2-11.2

Case No.

TO: Circuit Court
 General District Court
 Juvenile and Domestic Relations District Court

Commonwealth of Virginia v.

Requested by:
NAME

.....
ADDRESS (OPTIONAL)

.....
EMPLOYER NAME AND ADDRESS (OPTIONAL)

.....
TELEPHONE NUMBER (OPTIONAL) VIRGINIA DRIVER'S LICENSE NUMBER (OPTIONAL)

I, the undersigned, am a

- victim spouse or child of a victim parent or legal guardian of a victim who is a minor or
- spouse, parent, sibling or legal guardian of a victim who is physically or mentally incapacitated, or who was the victim of a homicide. The crime committed against the victim was
- a felony
- sexual battery in violation of Va. Code § 18.2-67.4
- assault and battery in violation of Va. Code § 18.2-57 or § 18.2-57.2
- stalking in violation of Va. Code § 18.2-60.3
- attempted sexual battery in violation of Va. Code § 18.2-67.5
- driving while intoxicated in violation of Va. Code § 18.2-266
- maiming while driving intoxicated in violation of Va. Code § 18.2-51.4
- witness in a criminal prosecution under Va. Code § 18.2-46.2 or § 18.2-46.3

I request that the above-named court(s) not disclose, release or allow to be examined any information as to my residential address, telephone number, place of employment or that of my family members except as specifically authorized by Va. Code § 19.2-11.2.

The names of my family members to whom this request applies are:

.....
DATE OF REQUEST SIGNATURE OF PARTY MAKING REQUEST

Received on by
DATE AND TIME CLERK/DEPUTY CLERK MAGISTRATE INTAKE OFFICER

TO THE CLERK: PLACE IN A SEALED ENVELOPE