REQUEST FOR CONFIDENTIALITY

Case No. ....

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

[ ] Circuit Court   [ ] General District Court

TO: ....   [ ] 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

        [ ] one of the following:

            [ ] 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

            [ ] a violation of a protective order in violation of Va. Code § 16.1-253.2 or § 18.2-60.4

            [ ] a delinquent act that would be a felony or a misdemeanor violation of one of the above offenses if committed by an adult

    [ ] witness in a criminal prosecution under Va. Code § 18.2-46.2, § 18.2-46.3 or § 18.2-248, or of any violent felony as defined by § 17.1-805(C).

    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