

**REQUEST FOR CONFIDENTIALITY**

Case No.: .....

Commonwealth of Virginia VA. CODE §§ 19.2-11.01; 19.2-11.2; 20-60.3

TO: .....

- Circuit Court
- General District Court
- Juvenile and Domestic Relations District Court

Requested By: .....

NAME

.....

ADDRESS

.....

EMPLOYER NAME AND ADDRESS

.....

TELEPHONE NUMBER VIRGINIA DRIVER'S LICENSE NUMBER

**Virginia Code §§ 19.2-11.01 and 19.2-11.2.** Commonwealth of Virginia vs. ....

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       attempted sexual battery in violation of Va. Code § 18.2-67.5

assault and battery in violation of Va. Code §§ 18.2-57, 18.2-57.1 or 18.2-57.2       driving while intoxicated in violation of Va. Code § 18.2-266

stalking in violation of Va. Code § 18.2-60       maiming while driving intoxicated in violation of Va. Code § 18.2-51.4

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: .....

**Virginia Code Section 20-60.3.**

..... v. ....

PETITIONER RESPONDENT

I, the undersigned, petitioner or respondent, having filed a petition for support, request that the above-named court not disclose, release or allow to be examined any information as to my residential address, mailing address, residential telephone number, employer telephone number, driver's license number, and the name and address of my employer, because

a protective order has been issued, a copy of which is attached

I will request the court in the support proceeding to find that I am at risk of physical or emotional harm from the other party named in this case, and to omit the protected information from the order of support.

..... 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**