REQUEST FOR COPY OF CERTIFICATE Case No. (if known): **OF ANALYSIS** Commonwealth of Virginia Va. Code § 19.2-187 HEARING DATE AND TIME Charge: [] General District Court [] Circuit Court [] Juvenile and Domestic Relations District Court CITY OR COUNTY COURT ADDRESS [] Commonwealth of Virginia DEFENDANT To the Clerk of the above-named Court: I, ______, hereby request that a copy DEFENDANT COUNSEL FOR DEFENDANT (PRINT NAME) of the certificate of analysis in the above-named case be sent to me at the following address: SIGNATURE DATE I certify that a copy of this request has been mailed or delivered to the Commonwealth's Attorney of this DEFENDANT [] COUNSEL FOR DEFENDANT TELEPHONE NUMBER OF [] DEFENDANT [] COUNSEL FOR DEFENDANT **CERTIFICATION** This case is not yet before this court. This request must be resubmitted. I certify that I have mailed or delivered a copy of such certification to the address provided in the above [] CLERK [] COMMONWEALTH'S ATTORNEY DEPUTY CLERK