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**Using This Revisable PDF Form**

This master form is for use when an individual who is an employee of a public safety agency or a victim or witness to a crime wishes to petition the court to have someone else undergo testing for HIV or Hepatitis B virus and consent for testing has been withheld.

1. Copies – (Contact the court to determine if you should bring copies to the Clerk’s Office of if copies will be made upon filing.)
  - a. Original – to court after service on respondent and local Health Department Director.
  - b. First copy – to respondent.
  - c. Second copy – to petitioner.
2. Prepared by petitioner; summons prepared by magistrate or clerk. Order signed by judge.
3. Attachments – none.

**PETITION TO TEST BLOOD-BORNE PATHOGENS**

Commonwealth of Virginia

VA. CODE § 32.1-45.2

**3**

General District Court

**4**

ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are commanded to summon the Respondent, and the **5** Health Department.

TO THE RESPONDENT: You are summoned to appear before this court at the above address on **6** to answer the Petition's claim.

**7** DATE AND TIME

**8** [ ] CLERK [ ] DEPUTY CLERK [ ] MAGISTRATE

The undersigned petitioner is:

[ ] an employee, as that term is defined in Virginia Code § 32.1-45.2(J), of the public safety agency who has potentially been exposed to a blood-borne pathogen and pursuant to Va. Code § 32.1-45.2(B) consent for testing has been refused or the individual who is the basis of the exposure is deceased and consent for testing has been refused by decedent's next of kin.

**9** [ ] an agent of a public safety agency whose employee ..... has potentially been exposed to a blood-borne pathogen and pursuant to Va. Code § 32.1-45.2(B) consent for testing has been refused or the individual who is the basis of the exposure is deceased and consent for testing has been refused by the decedent's next of kin.

[ ] a person potentially exposed to a blood-borne pathogen pursuant to Virginia Code § 32.1-45.2(C) and consent for testing of the public safety agency employee has been refused.

Therefore, the undersigned petitions this court to determine whether an exposure prone incident, as defined in Va. Code § 32.1-45.2(L) has occurred, and to order testing and disclosure of the test results to me.

Date of alleged exposure: **10**

Place of alleged exposure: **11**

Name and address of the individual whose body fluids I desire to have tested: **12**

**13** I request testing for [ ] Human Immunodeficiency virus [ ] Hepatitis B virus [ ] Hepatitis C virus.

Date: **14**

Signature of Petitioner: **15**

**ORDER**

**23** [ ] I find by a preponderance of the evidence after being advised by the State Health Commissioner or his designee that an exposure prone incident as defined in Va. Code § 32.1-45.2(L) has occurred, and I order testing for blood-borne pathogens as requested in the petition. The test results shall be disclosed to the petitioner as soon as they are completed. **25**

**24** [ ] Respondent is ordered to appear at ..... on **26** at **27** m. for such testing. FACILITY NAME DATE TIME

**28** [ ] I do not find by a preponderance of the evidence after being advised by the State Health Commissioner or his designee that an exposure prone incident as defined in Va. Code § 32.1-45.2(L) has occurred, and I order the petition dismissed.

I order the record of this case to be sealed. **29** DATE

**30** JUDGE

Court Case No. **1**

Hearing Date and Time: **2**

**16**  
PETITIONER

**17**  
ADDRESS

**18**  
PETITIONER'S TITLE IF AN AGENT OF A PUBLIC SAFETY AGENCY

V.  
**19**  
RESPONDENT

**20**  
ADDRESS

ATTORNEY FOR THE PETITIONER:  
**21**

ATTORNEY FOR THE RESPONDENT:  
**22**

**Data Elements, page one**

To be completed by the Clerk:

1. Court case number.
2. Hearing date and time.
3. Enter the jurisdiction of court.
4. Enter the court address.

To be completed by clerk or magistrate:

5. Name of appropriate health department.
6. Date and time of hearing.
7. Date summons issued.
8. Signature of clerk or magistrate issuing summons. Check appropriate box.

9. Check box that corresponds to basis for petition.
10. Date of alleged exposure to virus.
11. Place exposure to virus occurred.
12. Name and address of person who will be subject to testing.
13. Check appropriate box that corresponds to type of test request.
14. Date of petitioner's signature.
15. Petitioner's signature.
16. Petitioner's name.
17. Petitioner's address.

18. Petitioner's title if an agent of a Public Safety Agency. (*see* Virginia Code § 32.1-45.2).

19. Respondent's name.
20. Respondent's address.
21. Name of petitioner's attorney.
22. Name of respondent's attorney.

To be completed by judge at hearing:

23. Check if petition is granted.
24. Check if respondent ordered to undergo testing.
25. Enter name of facility (hospital, public health department) respondent is ordered to appear for testing.
26. Enter the date respondent is ordered to appear for testing.
27. Enter the time respondent is ordered to appear for testing.
28. Check if petition denied.
29. Date of judge's signature.
30. Judge's signature.

**RETURNS:** Each person was served according to law, as indicated below, unless not found.

NAME ..... **1** .....

.....

ADDRESS .....

.....

PERSONAL SERVICE Tel. No. ....

Being unable to make personal service, a copy was delivered in the following manner:

**4**  Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.

.....

.....

Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)

**5**  NOT FOUND ..... **6** .....  
SERVING OFFICER

**7** ..... for **8** .....  
DATE

NAME ..... **1** .....

Director of the ..... **2** ..... Health Department

.....

ADDRESS ..... **3** .....

.....

PERSONAL SERVICE Tel. No. ....

Being unable to make personal service, a copy was delivered in the following manner:

**4**  Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.

.....

.....

Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)

**5**  NOT FOUND ..... **6** .....  
SERVING OFFICER

**7** ..... for **8** .....  
DATE

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**Data Elements, *page two***

1. Name of individual served.
2. Name of appropriate health department.

To be completed by serving official:

3. Address of individual served.
4. Indicate method of service.
5. Check if “not found.”
6. Signature of serving officer.
7. Date of service.
8. Jurisdiction/agency. Name of sheriff if served by deputy sheriff.