

Using This Revisable PDF Form

This form is supplied by the magistrate or clerk to the victim or family member of the victim of a crime or to a witness in a criminal prosecution when the victim, family member or witness wishes to request the court not to release any information regarding that person (residential address, telephone number, place of employment or family members).

Once the request is received, all documents containing the protected information must be sealed in a manila envelope. The following endorsement should be stamped on the face of the envelope: "Confidential - pursuant to Virginia Code § 19.2-11.2, the information contained herein is not subject to disclosure and you are therefore forbidden to inspect the contents contained herein. Date/Time/Signature."

The envelope containing the protected documents should be attached to the case paper and filed in the appropriate pending or permanent file folder.

REQUEST FOR CONFIDENTIALITY

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

Case No. **1**

TO: **2** **3** Circuit Court General District Court
 Juvenile and Domestic Relations District Court

Commonwealth of Virginia v. **4**

Requested by: **5**
NAME

..... **5**
ADDRESS (OPTIONAL)

..... **5**
EMPLOYER NAME AND ADDRESS (OPTIONAL)

..... **5**
TELEPHONE NUMBER (OPTIONAL) VIRGINIA DRIVER'S LICENSE NUMBER (OPTIONAL)

I, the undersigned, am a

- 6** { 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

- 7** { 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

8 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 numbers, email addresses and 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: **9**

..... **10**
DATE OF REQUEST

..... **11**
SIGNATURE OF PARTY MAKING REQUEST

Received on **12**
DATE AND TIME

by **13**
 CLERK/DEPUTY CLERK MAGISTRATE INTAKE OFFICER

TO THE CLERK: PLACE IN A SEALED ENVELOPE

Data Elements

1. Court case number.
2. Court jurisdiction, city or county.
3. Check which court is appropriate.
4. Name of the defendant.
5. Name, address, telephone number, employer's name and address and driver's license number of person requesting confidentiality.
6. Check the box that corresponds to the person requesting confidentiality. If it is a witness, see item number 8.
7. Check the appropriate box.
8. Check this box if the person requesting confidentiality is a witness in a criminal prosecution of one of the listed offenses.
9. Names of all family members included in this request.
10. Date of request.
11. Signature of person making request.
12. Date received by clerk/magistrate/intake officer.
13. Name of clerk/magistrate/intake officer.