

REQUEST FOR CONFIDENTIALITY BY CRIME VICTIM

TO: All Law Enforcement Agencies, Commonwealth's Attorney, Courts and Clerks thereof, and the Department of Corrections:

I, _____, pursuant to Virginia Code §19.2-11.2,
Name

hereby request that no information relating to my residential address, telephone number, place of employment or family members be released or examined by anyone other than the party specifically authorized in the manner specifically authorized under Virginia Code §19.2-11.2.

Family members included in this request:

Case of Commonwealth of Virginia versus _____
Defendant

Defendant's Social Security Number: _____ & Date of Birth: _____

Signature *Date*

Street *Phone Number*

City & State

PLEASE RETURN TO:

Victim/Witness Services
Office of the Commonwealth's Attorney
150 N. Main Street
Suffolk, VA 23434