

**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 under Virginia Code §19.2-11.2.

Family members included in this request:

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Case of Commonwealth of Virginia versus \_\_\_\_\_  
*Defendant's name*

\_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Street* *City, State, & Zip Code*

**PLEASE RETURN TO:**

Victim/Witness Office  
Office of the Commonwealth's Attorney  
901 Church Street  
P.O. Box 1539  
Lynchburg, VA 24505