

**Using This Form**

This form is completed when a party involved in a custody or support proceeding wishes to request the court not to release any information regarding the party. The party must meet the requirements under which a person may request that their identifying information be kept confidential. Please see the statements following “custody proceeding” and/or “support proceeding” to determine if you meet the requirements.

Once the request is received, all documents containing the protected information must be kept sealed in a manila envelope in the case file and will be kept confidential.

**Data Elements**

1. Court case number.
2. Court jurisdiction, city or county.
3. Check which court is appropriate.
4. Name of case.
5. Check the appropriate box to indicate the proceeding in which the party is involved.
6. Name, address, date of birth, social security number, home telephone number, employer's name and address, work telephone number and driver's license number of person requesting confidentiality.
7. Date of request.
8. Signature of person making request.

To be completed by court personnel:

9. Date received by clerk/magistrate/intake officer.
10. Name of clerk/magistrate/intake officer.

**REQUEST FOR CONFIDENTIALITY — CIVIL**

Commonwealth of Virginia Va. Code §§ 20-60.3; 20-146.20E

Case No. ..... **1** .....

TO: ..... **2** .....

[ ] Circuit Court **3**  
[ ] Juvenile and Domestic Relations District Court

..... v. .... **4**  
*In re:* .....

[ ] **Custody Proceeding:** I request that the above-named court(s) not disclose, release or allow to be examined any identifying information about me because my health, safety or liberty would be jeopardized by the disclosure of such information.

**5**

[ ] **Support Proceeding:** I request that the above-named court(s) not disclose, release or allow to be examined any information about me because [ ] a protective order has been issued [ ] I am at risk of physical or emotional harm from the other party.

**SHERIFF/PROCESS SERVER: THE INFORMATION CONTAINED IN THIS DOCUMENT IS CONFIDENTIAL AND MAY NOT BE DISCLOSED TO THE PARTIES OR TO THE PUBLIC.**

**6**

NAME

ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

EMPLOYER NAME AND ADDRESS

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

VIRGINIA DRIVER'S LICENSE NUMBER

**NOTICE:** When a party to a custody proceeding requests that information be kept confidential, this information shall not be released except by order of the court. In support cases where a person requests that information be kept confidential, the information should not be released except by order of the court.

**7**

DATE OF REQUEST

**8**

SIGNATURE OF PARTY MAKING REQUEST

Received on: ..... **9** .....  
DATE AND TIME

by ..... **10** .....  
[ ] CLERK/DEPUTY CLERK [ ] MAGISTRATE [ ] INTAKE OFFICER

**TO THE CLERK: PLACE IN A SEALED ENVELOPE**