

**Using This Revisable PDF Form**

1. Copies –
  - a. Original--to court.
  - b. Copy – mailed or delivered to the Division of Forensic Science
2. Prepared for the most part by defendant or counsel for the defendant, signed by defendant or his or her counsel, and order section completed by judge and signed by judge at bottom.
3. Attachments--none
4. Preparation details

This form is for use by the defendant to request that the court order that a blood sample held by the Division of Forensic Science be transmitted to an independent laboratory for testing. Virginia Code §§ 18.2-268.7 and 46.2-341.26:7 require the Division of Forensic Science to hold a blood sample tested for 90 days to provide the defendant the opportunity to file such a motion.

MOTION FOR TRANSMISSION OF BLOOD SAMPLE

Commonwealth of Virginia Va. Code §§ 18.2-268.7, 46.2-341.26:7

Case No. (if known): 1

2 MOTION HEARING DATE AND TIME

[ ] General District Court [ ] Circuit Court [ ] Juvenile and Domestic Relations District Court

3 CITY OR COUNTY

4 COURT ADDRESS

[ ] Commonwealth of Virginia 5 v. DEFENDANT

[ ] LOCALITY

6 OFFENSE DATE

7 TRIAL HEARING DATE AND TIME

I, 8, hereby request that this court [ ] DEFENDANT [ ] COUNSEL FOR DEFENDANT

order the Department of Forensic Science to transmit the remainder of the blood sample taken in the above-named case to the independent laboratory retained for analysis of this sample. If this motion is granted, the Department should be directed to transmit the remainder of the blood sample to:

9 NAME OF LABORATORY

10 ADDRESS

11 DATE

12 SIGNATURE

I certify that notice of this motion has been mailed or delivered to the Department of Forensic Science, 700 N. 5th Street, Richmond, Virginia 23219 on this day of 13, 20

14 [ ] DEFENDANT [ ] COUNSEL FOR DEFENDANT

15 PRINT NAME

16 ADDRESS/TELEPHONE NUMBER OF [ ] DEFENDANT [ ] COUNSEL FOR DEFENDANT

ORDER

17 [ ] The motion is granted. The Department of Forensic Science is directed to transmit the remaining blood sample in this case to the laboratory identified above.

18 [ ] The motion is denied.

19 DATE

20 JUDGE

**Data Elements**

1. Case Number (if known). If not known, will be completed by the clerk.

To be completed by the clerk:

2. Date and time of the motion hearing.
3. Name of the court in which the case is pending. Check the appropriate box for the type of court.
4. Court address.
5. Style of the case.
6. Date of the offense.
7. Date and time of trial hearing.
8. Name of person requesting the transmission of the blood sample (either the attorney for the defendant or the defendant if appearing *pro se*). Check the applicable box.
9. Name of laboratory to which the sample should be sent.
10. Address of laboratory.
11. Date of request.
12. Signature of requestor.
13. Date on which requestor mailed or delivered a copy of the request to the Division of Forensic Science.
14. Signature of requestor certifying that a copy of the request was mailed or delivered to the Division of Forensic Science.
15. Printed name of requestor.
16. Address and telephone number of requestor.

To be completed by the judge:

17. Check this box if the motion is granted.
18. Check this box if the motion is denied.
19. Date signed.
20. Signature of judge.