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**Using This Revisable PDF Form**

1. Prepared by guardian of an incapacitated person.
2. Copies:
  - a. Original to be filed with court.
  - b. Copy provided to guardian filing Notice.
  - c. Copy to Restricted Person (Element No. 11).
  - d. Copy to Incapacitated Person (Element No. 12), if applicable.
  - e. Copy to hospital, convalescent home or nursing facility (Element, No. 13), if applicable.
  - f. Copy to local Department of Social Services (Element No. 14).
3. Attachments: none.
4. Preparation: none.

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**Data Elements**

1. Court case number.
2. Name and city/county of court.
3. Mailing address of Circuit Court Clerk's Office where form is being filed.
4. Name of Guardian.
5. Name of Incapacitated Person.
6. Name of Restricted Person.
7. Address of Restricted Person.
8. Description of the restriction to communicate with, visit or interact with the incapacitated person.
9. Description of why the restriction is necessary.
10. Check box to certify that a copy of the notice has been provided to the restricted person.
11. Check box to certify whether notice has been provided to the incapacitated person. If notice has been provided, check first box. If notice has not been provided, check second box.
12. Check box to certify whether notice has been provided to the hospital, home, facility or institution. If notice has been provided, check first box. If this notice is not applicable, check second box.
13. Check box to certify that a copy of the notice has been provided to the local department of social services.
14. Date of signed notice.
15. Signature of guardian.

**NOTICE OF RESTRICTION BY GUARDIAN**  
Commonwealth of Virginia VA. CODE § 64.2-2019.1

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

In the Circuit Court of the [ ] City [ ] County of ..... **2**

..... **3**  
CIRCUIT COURT CLERK'S MAILING ADDRESS

..... **4**  
NAME OF GUARDIAN

..... **5**  
NAME OF INCAPACITATED PERSON

..... **6**  
NAME OF RESTRICTED PERSON

..... **7**  
ADDRESS OF RESTRICTED PERSON

..... **7**  
ADDRESS OF RESTRICTED PERSON

**NOTICE TO RESTRICTED PERSON:** This notice is mailed or delivered to you as required by Va. Code § 64.2-2019.1 because the guardian who has signed this notice has restricted your ability to communicate with, visit or interact with the incapacitated person listed above. This notice is to tell you that you and/or the incapacitated person may challenge this restriction by filing a petition and paying all applicable fees and costs pursuant to Va. Code § 64.2-2012 in the circuit court clerk's office listed above.

Your ability to communicate with, visit, or interact with the incapacitated person listed above has been restricted as follows:

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The guardian who has signed this notice believes this restriction is necessary because:

..... **9**  
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I, the undersigned guardian, certify that I have provided notice to the following:

1. Restricted Person:

**10**  I have provided a copy of this notice to the restricted person.

2. Incapacitated person:

- 11** {  I have informed the incapacitated person of this restriction and have provided a copy of this notice to the incapacitated person.
- OR**
- I have not informed the incapacitated person of this restriction and have not provided a copy of this notice to the incapacitated person due to a good faith belief that such information would be detrimental to the health or safety of the incapacitated person.

3. A hospital, convalescent home, or certified nursing facility licensed by the Virginia Department of Health pursuant to Va. Code § 32.1-123, an assisted living facility as defined in Va. Code § 63.2-100 or any other similar institution:

- 12** {  I have provided a copy of this notice to the hospital, home, facility or institution where the incapacitated person is currently located.
- OR**
- The incapacitated person is not currently located in a hospital, home, facility or institution.

4. Department of Social Services:

**13**  I have provided a copy of this notice to the local department of social services of the jurisdiction where the incapacitated person resides.

**14**

.....  
DATE

**15**

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SIGNATURE OF GUARDIAN