

**Using This Revisable PDF Form**

1. Copies – contact the local district court to determine if you should bring copies with you or whether the clerk will make the copies after acknowledging the original.
  - a. Original – to court.
  - b. First copy – to respondent.
  - c. Second copy – to petitioner
2. Prepared by petitioner and acknowledged by a clerk, deputy clerk, magistrate or notary public.
3. Attachments – none.
4. Preparation details
  - a. The respondent may be a person in his official capacity.
  - b. Review the venue provisions in Va. Code § 2.2-3713 or § 2.2-3816, as applicable, if the respondent is a local public body, regional public body; board, bureau, commission, authority, district, institution, or agency of the state government (including a public institution of higher education); or standing or other committee of the General Assembly.

PETITION FOR INJUNCTION OR MANDAMUS – FREEDOM OF INFORMATION ACT AND AFFIDAVIT FOR GOOD CAUSE OR PROTECTION OF SOCIAL SECURITY NUMBERS ACT

Commonwealth of Virginia VA. CODE §§ 2.2-3713, 2.2-3816

2 General District Court
CITY OR COUNTY
3
STREET ADDRESS OF COURT
4 PETITIONER V. 5 RESPONDENT

I, the Petitioner, state under oath that:
The following rights and privileges under the Virginia Freedom of Information Act were denied to me by the Respondent: 6 (DESCRIBE RIGHTS AND PRIVILEGES DENIED)

These rights and privileges were denied to me by: 7 [ ] the respondent [ ] who denied me these rights and privileges by 8

I have good cause for filing this petition in that: 9

OR 10 [ ] The respondent [ ] has engaged, is engaged or is about to engage in acts in violation of the Protection of Social Security Numbers Act by 11 (DESCRIBE ACTS)

I ask this court to issue: 12 [ ] a writ of mandamus to require the respondent to act as follows: [ ] an injunction to enjoin (prohibit) the respondent from acting as follows: 12 (DESCRIBE ACTS TO BE REQUIRED OR PROHIBITED)

13 DATE 15 PETITIONER 14

Commonwealth of Virginia, [ ] City [ ] County of :
Subscribed and sworn to before this day by 16

17 DATE 18
[ ] Clerk [ ] Deputy Clerk [ ] Magistrate
[ ] Notary Public: My commission expires:
Notary Registration No.

CASE NO. 1
19 PETITIONER(S)
ADDRESS/LOCATION
20 RESPONDENT(S)
ADDRESS/LOCATION
PETITION FOR INJUNCTION OF MANDAMUS – FREEDOM OF INFORMATION ACT AND AFFIDAVIT FOR GOOD CAUSE OR PROTECTION OF SOCIAL SECURITY NUMBERS ACT
21 ATTORNEY(S) FOR PETITIONER(S)
22 ATTORNEY(S) FOR RESPONDENT(S)

HEARING DATE AND TIME

23

DISABILITY ACCOMMODATIONS for loss of hearing, vision, mobility, mobility, etc., contact the court ahead of time.

Data Elements

To be completed by Clerk:

1. Court case number.
2. Court name.
3. Street address of court.
4. Name of petitioner.
5. Name of respondent. See Using This Form, 4.a.
6. Statement of statutory rights and privileges under the Virginia Freedom of Information Act allegedly denied by the respondent.
7. Check and, if applicable, insert name of person whose actions allegedly denied these rights and privileges to the petitioner.
8. Statement of facts as to have such rights and privileges were allegedly denied.
9. Statement describing the good cause for filing this petition.
10. Check and, if applicable, insert name of person who as engaged, is engaged or is about to engage in acts in violation of the Protection of Social Security Numbers Act.
11. Description of acts allegedly in violation of the Protection of Social Security Numbers Act.

12. Check the applicable box and describe the desired action to obtain compliance with the Virginia Freedom of Information Act.

13. Date of signing of the petition.

14. Signature of petitioner.

To be completed by person acknowledging petitioner's signature:

15. Check the applicable box and add name of city or county where acknowledgement is taken.

16. Name of person whose oath is being acknowledged.

17. Date of acknowledgement.

18. Signature of person taking the acknowledgement. Check the applicable title box and, if applicable, insert date of expiration of commission.

19. Petitioner's name and address.

20. Respondent's name and address.

21. Name of petitioner's attorney, if any.

22. Name of respondent's attorney, if any.

To be completed by Clerk:

23. Hearing date and time.