

VIRGINIA: IN THE CIRCUIT COURT OF _____
Name of Court

_____,)
)
) Petitioner)
v.) CL: _____)
)
Commonwealth of Virginia,)
)
) Respondent.)

PRAECIPE

PLEASE TAKE NOTICE that Petitioner requests the Court to schedule a hearing on this expungement petition for the _____ calendar on _____ in the
Time Month Day Year
Circuit Court Courthouse at _____
Address of the Court

Respectfully submitted,

Counsel or Requesting Party

Name and Address of Law Firm or Pro Se Party

Printed Name of Counsel or Requesting Party

Virginia State Bar No. (optional)

Telephone Number

Fax Number

E-mail address (optional)

CERTIFICATE OF SERVICE

I certify that a true copy of the above _____ was
Name of Pleading
mailed faxed _____, _____ electronically mailed, by
Fax No. Time
agreement, and/or hand-delivered to all counsel of record on _____
Month Day Year
to¹:

Name and Address of Counsel of Record and/or Parties not Represented by Counsel

¹ Virginia Supreme Court Rules [1:12](#), [1:7](#) (amendment effective October 15, 2003) and [4:15](#)(e) (amendment effective January 1, 2003).

