

VIRGINIA: IN THE CIRCUIT COURT OF _____

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

PRAECIPE

Petitioner requests the Court to schedule a hearing on this expungement petition on the calendar for _____ on _____ in the _____

Time Month Day Year Name of Court

Courthouse _____.

Address of the Court

Signature of Counsel or Petitioner

Name and address of law firm or the pro se Petitioner

Printed name of Counsel or Petitioner

Virginia State Bar Number

Telephone number

Fax number

E-mail address

CERTIFICATE OF SERVICE

I certify that a true copy of this Praecipe was either [] mailed or [] hand-delivered to the Office of the Commonwealth Attorney on _____.

Month Day Year

Name and address of counsel of record or unrepresented Petitioner

Signature of Petitioner or Counsel of Record