

**Using This Revisable PDF Form**

1. Copies
  - a. Original – to court. If defendant intends to request from more than one court the waiver of interest accrued on fines and costs during a period of incarceration, defendant must include a stamped, self-addressed envelope and request the return of the original if mailing this form to the clerk’s office.
  - b. Copy retained by defendant.
2. Prepared by superintendent, warden or other official in charge of a correctional facility.
3. Attachments
  - a. Form DC-366A, REQUEST FOR WAIVER OF INTEREST ON FINES AND COSTS.
  - b. Stamped, self-address envelope if requesting the return of the original to defendant.
4. Preparation details –
  - a. Defendant must ask the superintendent, warden or other official in charge of a correctional facility to complete this form.
  - b. If defendant mails this form to the clerk’s office, the original of this form will not be returned to the defendant unless a stamped, self-addressed envelope is included and the return of the original is requested.

**CERTIFICATION OF INCARCERATION PERIOD**

Commonwealth of Virginia

VA. CODE § 19.2-353.5

**1**

NAME OF DEFENDANT

**2**

DATE OF BIRTH

**3**

LAST FOUR DIGITS OF SOCIAL SECURITY NO.

**4**

DRIVER'S LICENSE NO.

I,

**5**

NAME OF PERSON CERTIFYING

was incarcerated in the

**6**

NAME OF CORRECTIONAL FACILITY

**7**

[ ]

beginning

**7**

START DATE OF INCARCERATION

and continuing through

LAST DAY OF INCARCERATION

**8**

[ ]

on the following days:

**8**

.....  
.....  
.....

**9**

DATE

**10**

SIGNATURE OF PERSON CERTIFYING

**11**

POSITION TITLE OF PERSON CERTIFYING

**12**

PRINTED NAME OF PERSON CERTIFYING

**13**

[ ] I am certifying the dates of incarceration on behalf of the superintendent, warden or other official in charge of the above-named correctional facility,

NAME OF SUPERINTENDENT, WARDEN OR OTHER OFFICIAL IN CHARGE OF CORRECTIONAL FACILITY

**FOR NOTARY PUBLIC'S USE ONLY:**

**14**

State of ..... [ ] City [ ] County of .....

Acknowledged, subscribed and sworn to before me this ..... day of ....., 20 .....

NOTARY REGISTRATION NUMBER

NOTARY PUBLIC

(My commission expires: .....)

**Data Elements**

1. Name of defendant who was incarcerated in the named correctional facility.
2. Date of birth of defendant.
3. Last four digits of defendant's social security number.
4. Defendant's driver's license number.
5. Name of person at correctional facility certifying the period of incarceration.
6. Name of correctional facility where defendant was incarcerated.
7. Check this box if the period of incarceration began on one date and continued until the last day of incarceration. Insert the start date and last day of incarceration.
8. Check this box if defendant was not incarcerated for a continuous period (i.e. weekend time) and insert the specific dates of incarceration.
9. Date signed by person certifying period of incarceration.
10. Signature of person certifying period of incarceration.
11. Position title of person certifying period of incarceration.
12. Printed name of person certifying.
13. Check this box if person is certifying period of incarceration on behalf of the superintendent, warden or other official in charge of the named correctional facility, and insert the name of such official.
14. To be completed by notary public. All enclosed fields must be completed, including notary's registration number and date of commission expiration.