

**Using This Revisable PDF Form**

1. Copies
  - a. Original – to court after service on respondent and local Health Department Director.
  - b. First copy – to respondent.
  - c. Second copy – to petitioner.
2. Prepared by petitioner; summons prepared by magistrate or clerk. Signed by judge.
3. Attachments – none.
4. Preparation details
  - a. This form is for use when certain individuals who have been exposed to bodily fluids of another wish to petition the court to have the other person undergo testing for HIV or Hepatitis B virus and consent for testing has been withheld.
  - b. The record of the case, including the petition and order, is to be sealed.
  - c. The local Health Department Director shall advise the court as to the existence of an “exposure-prone incident,” so a copy of the petition is served on him after filing.

**PETITION TO REQUIRE BLOOD TEST**

Commonwealth of Virginia Va. Code § 32.1-451

TO ANY AUTHORIZED OFFICER: You are commanded to summon the Respondent, and the Director of the ..... **3** ..... Health Department.  
TO THE RESPONDENT: You are summoned to appear before this court at the above address on ..... **2** ..... to answer the Petitioner's claim  
..... **4** ..... **5** .....  
DATE DATE AND TIME [ ] CLERK [ ] DEPUTY CLERK [ ] MAGISTRATE

In the ..... **6** ..... [ ] General District Court  
[ ] Juvenile and Domestic Relations District Court  
In re ..... **7** ..... , Petitioner v. .... **8** ..... , Respondent

The undersigned petitioner is:  
[ ] a health care provider or the employee of a health care provider as defined in Va. Code § 32.1-45.1(C) or (D) who has been directly exposed to the body fluids of a patient,  
[ ] a patient who has been directly exposed to the body fluids of a health care provider or employee of a health care provider as defined in Va. Code § 32.1-45.1(C) or (D),  
[ ] a person directly exposed to the body fluids of a law enforcement officer, as defined in Va. Code § 32.1-45.1(G),  
[ ] a school board employee, as defined in 32.1-45.1(J), who has been directly exposed to body fluids,  
[ ] a person who has been directly exposed to the body fluids of a school board employee as defined in Va. Code § 32.1-45(J) and the person whose blood specimen is sought for testing for infection with human immunodeficiency virus or hepatitis B or C viruses and who is deemed to have consented to testing  
[ ] refuses to provide such specimen **OR**  
[ ] is a minor who refuses to provide such specimen and the minor's parent, guardian, or person standing in loco parentis also withholds consent for such specimen to be taken or is not reasonably available.

Therefore, the undersigned petitions this court to order the person provide a blood specimen or submit to testing and disclose the test results in accordance with the law.

Date of the alleged exposure: ..... **10** .....  
Place of the alleged exposure: ..... **11** .....  
Name and address of the individual whose blood specimen is sought for testing: ..... **12** .....

I request testing for Human Immunodeficiency virus, Hepatitis B virus and Hepatitis C virus.  
..... **13** ..... **14** .....  
DATE SIGNATURE OF PETITIONER

**ORDER**

**20** [ ] I find that the person whose blood specimen is sought for testing for infection with human immunodeficiency virus or hepatitis B or C viruses and who is deemed to have consented to such testing [ ] refuses to provide such specimen [ ] is a minor who refuses to provide such specimen and the minor's parent, guardian, or person standing in loco parentis also withholds consent for such specimen to be taken or is not reasonably available. **THEREFORE**, upon the advice of the Commissioner of Health or his designee, I order that the person provide a blood specimen or submit to testing and disclose the test results in accordance with Va. Code § 32.1-45.1 as requested in the petition. The test results shall be disclosed to the petitioner as soon as they are completed, and both the petitioner and respondent shall receive counseling and opportunity for face-to-face disclosure of any test results by a licensed practitioner or trained counselor.

**21** [ ] Respondent is ordered to appear at ..... on ..... at ..... m.  
NAME OF FACILITY DATE TIME  
for such testing.

**22** [ ] I order the petition dismissed.

**23** [ ] I order the record of this case to be sealed.

..... **24** ..... **25** .....  
DATE JUDGE

Court Case No. .... **1** .....  
Hearing date and time: .... **2** .....

**PETITION TO REQUIRE BLOOD TEST**

..... **15** .....  
PETITIONER  
..... ADDRESS .....  
.....  
.....  
v.  
..... **16** .....  
RESPONDENT  
..... ADDRESS .....  
.....  
.....  
..... **17** .....  
ATTORNEY FOR THE PETITIONER  
..... **18** .....  
ATTORNEY FOR THE RESPONDENT

**Serve:**  
..... **19** .....  
DIRECTOR OF THE LOCAL HEALTH DEPARTMENT  
..... ADDRESS .....  
.....  
.....

**Data Elements, page one**

1. Court case number.
2. Hearing date and time.
3. Name of local health department.
4. Date summons issued.
5. Signature of clerk or magistrate issuing summons. Check appropriate title box.
6. Jurisdiction of court.
7. Name of petitioner.
8. Name of respondent.
9. Check box that corresponds to basis for petition.
10. Date of alleged exposure to bodily fluids.
11. Place exposure to bodily fluids occurred.
12. Name and address of person who will be subject to testing.
13. Date of petitioner's signature.
14. Petitioner's signature.
15. Petitioner's name and address.
16. Respondent's name and address.
17. Name of attorney for the petitioner, if applicable.
18. Name of attorney for respondent, if applicable.
19. Name of director and address of local health department.
20. Check box if found that respondent has inappropriately withheld consent.
21. Check box and provide name of facility and date and time of testing, if ordered.
22. Check box if petition is dismissed.
23. Check box to indicate that the case records should be sealed.
24. Date of signing of order by judge.
25. Signature of judge.

**RETURNS:** Each person was served according to law, as indicated below, unless not found.

NAME..... **1**

ADDRESS ..... **1**

**2**  PERSONAL SERVICE Tel. No. ....

**3** { Being unable to make personal service, a copy was delivered in the following manner:

Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.

.....

Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)

**4**  NOT FOUND \_\_\_\_\_ **5**  
SERVING OFFICER

..... **6** ..... for \_\_\_\_\_ **7**  
DATE

NAME ..... **8**

Director of the ..... Health Department

ADDRESS ..... **8**

**2**  PERSONAL SERVICE Tel. No. ....

**3** { Being unable to make personal service, a copy was delivered in the following manner:

Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.

.....

Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)

**4**  NOT FOUND \_\_\_\_\_ **5**  
SERVING OFFICER

..... **6** ..... for \_\_\_\_\_ **7**  
DATE

**Data Elements, *page two***

1. Name and address of individual served.
2. Check if personally served.
3. Indicate method of substituted service, if not personally served. If delivered to family member, provide requested information.
4. Check if not found.
5. Signature of serving officer.
6. Date of service.
7. Jurisdiction/agency. Name of sheriff if served by deputy sheriff.
8. Name, jurisdiction and address of director of local health department.