

**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

..... General District Court  
 CITY OR COUNTY

.....  
 STREET ADDRESS OF COURT

..... V. ....  
 PETITIONER 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:

.....  
 These rights and privileges were denied to me by:

the respondent  ..... who denied me these rights and privileges by .....

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

**OR**

The respondent  ..... has engaged, is engaged or is about to engage in acts in violation of the Protection of Social Security Numbers

Act by .....  
 (DESCRIBE ACTS)

I ask this court to issue:

a writ of mandamus to require the respondent to act as follows:

an injunction to enjoin (prohibit) the respondent from acting as follows:

.....  
 (DESCRIBE ACTS TO BE REQUIRED OR PROHIBITED)

.....  
 DATE

.....  
 PETITIONER

Commonwealth of Virginia,  City  County of .....

Subscribed and sworn to before me this day by .....

.....  
 DATE

CLERK  DEPUTY CLERK  MAGISTRATE

NOTARY PUBLIC: My commission expires: .....

Notary Registration No. ....

CASE NO.

.....  
 PETITIONER(S)

.....  
 ADDRESS/LOCATION

V.

.....  
 RESPONDENT(S)

.....  
 ADDRESS/LOCATION

**PETITION FOR INJUNCTION OR MANDAMUS  
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 NUMBERS ACT**

.....  
 ATTORNEY(S) FOR PETITIONER(S)

.....  
 ATTORNEY(S) FOR RESPONDENT(S)

**HEARING DATE  
 AND TIME**

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