

PETITION TO REQUIRE BLOOD TEST

Commonwealth of Virginia Va. Code § 32.1-45.1

TO ANY AUTHORIZED OFFICER: You are commanded to summon the Respondent, and serve notice on the Director of the Health Department.
TO THE RESPONDENT: You are summoned to appear before this court on to answer the Petitioner's claim.
DATE AND TIME
DATE [] CLERK [] DEPUTY CLERK

In the [] General District Court
[] Juvenile and Domestic Relations District Court
In re, Petitioner v., 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 law enforcement officer as defined in Va. Code § 32.1-45.1(G), salaried or volunteer firefighter, or salaried or volunteer emergency medical services provider who has been directly exposed to body fluids, or the exposed person's employer,
[] a person who has been directly exposed to the body fluids of a law enforcement officer as defined in Va. Code § 32.1-45.1(G), salaried or volunteer firefighter, or salaried or volunteer emergency medical services provider.
[] a school board employee as defined in 32.1-45.1(J) who has been directly exposed to body fluids, or the employee's employer,
[] a person who has been directly exposed to the body fluids of a school board employee as defined in Va. Code § 32.1-45.1(J), and the person whose blood specimen is sought for testing for infection with human immunodeficiency virus or the hepatitis B or C viruses and who is deemed to have consented to testing
[] refuses to provide such specimen **OR**
[] is a minor whose parent, guardian, or person standing in loco parentis withholds consent for such specimen to be taken or is not reasonably available.

The undersigned petitions this court to order the person to provide a blood specimen or submit to testing and disclose the test results in accordance with the law. Testing for human immunodeficiency virus and the hepatitis B and C viruses is requested.

Date and place of the alleged exposure:
Name and address of the individual whose blood specimen is sought for testing:

DATE SIGNATURE OF PETITIONER

ORDER

- [] I find that there is probable cause to believe that a person identified in Va. Code § 32.1-45.1 has been exposed in the manner set forth in Va. Code § 32.1-45.1. I find that the person whose blood specimen is sought for testing for infection with human immunodeficiency virus or the hepatitis B or C viruses and who is deemed to have consented to such testing
[] refuses to provide such specimen [] is a minor whose parent, guardian, or person standing in loco parentis 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. 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.
[] Respondent is ordered to appear at on at
NAME OF FACILITY DATE TIME
[] I order the petition dismissed.

DATE JUDGE

Court Case No.
Hearing date and time:

PETITION TO REQUIRE BLOOD TEST

PETITIONER
ADDRESS
v.
RESPONDENT
ADDRESS
ATTORNEY FOR THE PETITIONER
ATTORNEY FOR THE RESPONDENT

Serve:

DIRECTOR OF THE LOCAL HEALTH DEPARTMENT
ADDRESS

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

NAME ADDRESS <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <input type="checkbox"/> PERSONAL SERVICE </div> Tel. No. Being unable to make personal service, a copy was delivered in the following manner: <input type="checkbox"/> 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. <input type="checkbox"/> 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.) <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <input type="checkbox"/> NOT FOUND </div> _____ SERVING OFFICER for _____ DATE	NAME ADDRESS <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <input type="checkbox"/> PERSONAL SERVICE </div> Tel. No. Being unable to make personal service, a copy was delivered in the following manner: <input type="checkbox"/> 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. <input type="checkbox"/> 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.) <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <input type="checkbox"/> NOT FOUND </div> _____ SERVING OFFICER for _____ DATE	NAME Director of the Health Department ADDRESS <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <input type="checkbox"/> PERSONAL SERVICE </div> Tel. No. Being unable to make personal service, a copy was delivered in the following manner: <input type="checkbox"/> 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. <input type="checkbox"/> 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.) <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <input type="checkbox"/> NOT FOUND </div> _____ SERVING OFFICER for _____ DATE
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