

NOTICE OF RESTRICTION BY GUARDIAN
Commonwealth of Virginia VA. CODE § 64.2-2019.1

Case No.

In the Circuit Court of the [] City [] County of

.....
CIRCUIT COURT CLERK'S MAILING ADDRESS

.....
NAME OF GUARDIAN

.....
NAME OF INCAPACITATED PERSON

.....
NAME OF RESTRICTED PERSON

.....
ADDRESS OF RESTRICTED PERSON

.....
ADDRESS OF RESTRICTED PERSON

NOTICE TO RESTRICTED PERSON: This notice is mailed or delivered to you as required by Va. Code § 64.2-2019.1 because the guardian who has signed this notice has restricted your ability to communicate with, visit or interact with the incapacitated person listed above. This notice is to tell you that you and/or the incapacitated person may challenge this restriction by filing a petition and paying all applicable fees and costs pursuant to Va. Code § 64.2-2012 in the circuit court clerk's office listed above.

Your ability to communicate with, visit, or interact with the incapacitated person listed above has been restricted as follows:

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The guardian who has signed this notice believes this restriction is necessary because:

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I, the undersigned guardian, certify that I have provided notice to the following:

1. Restricted Person:

I have provided a copy of this notice to the restricted person.

2. Incapacitated person:

I have informed the incapacitated person of this restriction and have provided a copy of this notice to the incapacitated person.

OR

I have not informed the incapacitated person of this restriction and have not provided a copy of this notice to the incapacitated person due to a good faith belief that such information would be detrimental to the health or safety of the incapacitated person.

3. A hospital, convalescent home, or certified nursing facility licensed by the Virginia Department of Health pursuant to Va. Code § 32.1-123, an assisted living facility as defined in Va. Code § 63.2-100 or any other similar institution:

I have provided a copy of this notice to the hospital, home, facility or institution where the incapacitated person is currently located.

OR

The incapacitated person is not currently located in a hospital, home, facility or institution.

4. Department of Social Services:

I have provided a copy of this notice to the local department of social services of the jurisdiction where the incapacitated person resides.

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DATE

SIGNATURE OF GUARDIAN