

COMMONWEALTH OF VIRGINIA:

IN THE GENERAL DISTRICT COURT OF FAIRFAX COUNTY

IN RE:

PETITION TO DIRECT MEDICAL PERSONNEL TO CONDUCT A BODY SEQUESTRATION EVALUATION PURSUANT TO VIRGINIA CODE 19.2-59.1

To the Honorable Judge [First and Last Name] of the General District Court of Fairfax County:

On [DATE], [BRIEF SYNOPSIS THAT THERE IS REASONABLE CAUSE TO BELIEVE THAT CONTRABAND HAS BEEN CONCEALED IN A BODY CAVITY, IE, THROUGH STRIP SEARCH AND/OR BODY SCAN]

1. [Rank, First and Last Name} is an employee of the Fairfax County Sheriff's Office.
2. Inmate [First Name, Last Name and Inmate Number] with date of birth of [00/00/0000] has been committed to the custody of the Fairfax County Sheriff's Office on [DATE].
3. The body sequestration evaluation has been authorized by [Major/Captain First and Last Name] as per Sheriff's Office policy.
4. The body sequestration evaluation will be performed by a physician or medical provider at Inova Fairfax Hospital Emergency Room located at 3300 Gallows Road, Falls Church, Virginia 22042
5. Evidence collected as a result of the body sequestration evaluation will be provided to the Fairfax County Sheriff's Office and/or other law enforcement officials.

Therefore, the Fairfax County Sheriff's Office respectfully requests the Court to direct a physician or medical provider at the Fairfax Hospital Emergency Room to conduct a body sequestration evaluation on Inmate [First Name, Last Name and Inmate Number] with date of birth [00/00/0000].

Pursuant to Virginia Code 19.2-59.1, a search of any body cavity must be performed under sanitary conditions and a search of any body cavity, other than the mouth, shall be conducted either by, or under the supervision of medically trained personnel. Furthermore, a deputy sheriff of the same sex shall remain present during the body sequestration evaluation.

Respectfully Submitted,

Rank/Name
Title/Division
Fairfax County Sheriff's Office

COMMONWEALTH OF VIRGINIA

IN THE FAIRFAX COUNTY GENERAL DISTRICT COURT

IN RE:

IN THE MATTER OF THE PETITION TO DIRECT MEDICAL PERSONNEL TO
CONDUCT A BODY SEQUESTRATION EVALUATION PURSUANT TO VIRGINIA CODE
19.2-59.1

WHEREAS this day, [Rank, First Name, Last Name], a deputy sheriff for the Fairfax County Sheriff's Office, in the course of an investigation and pursuant to Virginia Code 19.2-59.1 requesting a Court Order to direct a physician or medical provider at Inova Fairfax Hospital Emergency Room, located at 3300 Gallows Road, Falls Church, Virginia 22042, to conduct a body sequestration evaluation on inmate [First Name, Last Name, Inmate Number] with the date of birth of [00/00/0000].

WHEREAS, there is reasonable cause to believe that contraband has been concealed in the body cavity of inmate [First Name, Last Name, Inmate Number] with date of birth of [00/00/0000] who has been committed to the custody of the Fairfax County Sheriff's on [Date].

FURTHERMORE, the body sequestration evaluation has been authorized by [Major/Captain, First Name, Last Name] as per Sheriff's Office policy.

IT IS HEREBY ORDERED, for a physician or medical provider at Inova Fairfax Hospital Emergency room, located at 3300 Gallows Road, Falls Church, Virginia 22042, to conduct a body sequestration evaluation on inmate [First Name, Last Name, Inmate Number] with the date of birth of [00/00/0000]. Furthermore, a deputy sheriff of the same sex shall remain present during the body sequestration evaluation.

IT IS FURTHER ORDERED that evidence collected as a result of the body sequestration evaluation will be provided to the Fairfax County Sheriff's Office or other law enforcement officials.

ENTERED this _____th day of [Month], [Year]

Judge, General District Court of Fairfax County