

CERTIFICATION OF INCARCERATION PERIOD

Commonwealth of Virginia

VA. CODE § 19.2-353.5

.....
NAME OF DEFENDANT

.....
DATE OF BIRTH

.....
LAST FOUR DIGITS OF SOCIAL SECURITY NO.

.....
DRIVER'S LICENSE NO.

I,, do hereby certify that the above-named defendant
NAME OF PERSON CERTIFYING

was incarcerated in the
NAME OF CORRECTIONAL FACILITY

[] beginning and continuing through
START DATE OF INCARCERATION LAST DAY OF INCARCERATION

[] on the following days:

.....

.....
DATE

.....
SIGNATURE OF PERSON CERTIFYING

.....
POSITION TITLE OF PERSON CERTIFYING

.....
PRINTED NAME OF PERSON CERTIFYING

[] I am certifying the dates of incarceration on behalf of the superintendent, warden or other official in charge of the
above-named correctional facility,

.....
NAME OF SUPERINTENDENT, WARDEN OR OTHER OFFICIAL IN CHARGE OF CORRECTIONAL FACILITY

FOR NOTARY PUBLIC'S USE ONLY:

State of [] City [] County of

Acknowledged, subscribed and sworn to before me this day of, 20

.....
NOTARY REGISTRATION NUMBER

.....
NOTARY PUBLIC
(My commission expires:)