Petitio		We, the qualified voters of signed hereunder or on the	reverse side of this pa	ge do hereby
Signer		(COUNY OR CITY OR TOWN AND DISTRICT, IF APPLICABLE)		
Staten	nent	petition the circuit court to order the removal of, from the office of	(OFFICE TI	, 「LE)
		pursuant to §24.2-233 of the Code of Virginia. The specific reasons or grounds upon which the above offi	cial is sought to be	removed, are as
		follows:		,
		Tollows		
				<del></del>
				<u> </u>
				<u> </u>
				<del></del>
		Very the least the country of the co	-111	
Note t		<ul> <li>Your signature on this petition must be your own and does not signify if you voted for the official you're reque</li> <li>Privacy notice:</li> </ul>	isting to remove.	
Petitio		o Providing your year of birth is optional. You may sign the petition without providing this information.		
Signer	'	The information provided will be checked against the official voter registration roll.  This form is qualible for public imposting.		
		This form is available for public inspection.		
	1	Fraud notice: The person(s) signing this form do so under penalties of perjury.	<u> </u>	
Office Use				
Only	#	Petition Signer	Date Signed	Year of Birth (optional)
				· · · ·
		Driet Full Name	-	
	1.	Print Full Name Signature		
			-	
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)		
			_	
	2.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)	-	
	3.	Print Full Name Signature	-	
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)	-	
	4.	Print Full Name Signature	-	
	_T.	- -		
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)	- [	
		, — — — — — — — — — — — — — — — — — — —		
		Print Full Name Signature	- [	
	5.	i inter an radiic signature	1	
		Full Desidential Address (feets discussion state of \$100.00)	-	
	Ш	Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)		<u> </u>

## Virginia Petition for the Removal of an Officer (continued from reverse side)

Officer's Name:		e: Office little:					
Note to Petition Signer		<ul> <li>Your signature on this petition must be your own and does not signify if you voted for the official you're requesting to remove.</li> <li>Privacy notice:         <ul> <li>Providing your year of birth is optional. You may sign the petition without providing this information.</li> <li>The information provided will be checked against the official voter registration roll.</li> <li>This form is available for public inspection.</li> </ul> </li> <li>Fraud notice: The person(s) signing this form do so under penalties of perjury.</li> </ul>					
Office							
Office Use				Year of Birth			
Only	#	Petition Signer	Date Signed	(optional)			
	6.	Print Full Name Signature					
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)					
		i un residential Address (including city) state/21p) (FO box <b>not</b> acceptable)		†			
	7.	Print Full Name Signature					
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)					
	8.	Print Full Name Signature	<del></del>				
	ο.						
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)	<del></del>				
		D. J. F. H.V.					
	9.	Print Full Name Signature					
-		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)		<u> </u>			
	10.	Print Full Name Signature					
	10.						
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)					
		Driet Full Name					
	11.	Print Full Name Signature					
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)					
	12.	Print Full Name Signature					
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)	<del></del>				
		Print Full Name Signature	<del></del>				
	13.	Time di Name					
		Full Decidential Address (including site /state /six) (DO Decument accounts lie)					
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)					
	14.	Print Full Name Signature					
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)					
	15.	Print Full Name Signature	<del></del>				
	15.						
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)					
Cimenal	-4	I, (print full name)	, swear or affirm that (i) m	ov full			
Circul Affida			, swear or annim that (i) in	iy idii			
Ailiuc	AVIC	residential address (including city/state/zip) is, (ii) I am not a minor, (iii) I am not a felon whose voting rights have not been restored; (iv) I have witnessed the signature of each person who					
		signed this page and its reversed side; and (v) I consent to the jurisdiction of the courts of Virginia in resolving any disputes concerning the					
		circulation of petitions, or signatures contained therein. I understand that falsely signing this Aff	davit is a felony punishable by a m	naximum fine			
		up to \$2,500 and/or imprisonment up to ten years.					
		Circulator Signature:	Date:				
Notary		State of County/City of					
·		State of County/City of					
		The foregoing instrument was subscribed and sworn before me thisday of	, 20				
		by (circulator name)		·			
		Notary Signature Registration #	Commission Expira	tion			
			Place				
			notographically				
		riade priotographically reproductive orallipy occurrence	Reproducible eal/Stamp Here				
ELECT-233	3			Rev. 5/2023			

## Virginia Petition for the Removal of an Officer

Printing	•	The Petition is a two sided document (front and back) that <b>must</b> be printed on <b>one</b> piece of 8 1/2" by 14" paper. The front of the petition contains line numbers 1 through 5; the back contains line numbers 6 through 15, followed by the Circulator Affidavit. If the front and back are on two separate pieces of paper, the petition will not be accepted.
	•	This instruction page does not have to be printed/submitted.
	•	If you are unable to print or reproduce this form on one piece of 8 $1/2$ " x 14" paper, call the Department of Elections at 800-552-9745 or 804-864-8901 and we will be glad to send you a form.
Circulator	•	The "Petition Signer Statement" section <b>must</b> be completed prior to obtaining signatures.
	•	The "Petition Signer Statement" must indicate the neglect of a clear ministerial duty of the office, misuse of the office, or incompetence in the performance of the duties of the office and its material adverse effect upon the conduct of the office.
	•	You must complete the Circulator Affidavit. The Circulator Affidavit must be completed and signed in front of the Notary.
	•	The petition signatures must equal 10% of the total number of votes cast at the last election for the office the officer holds. You may review the Department of Elections website for election results at https://www.elections.virginia.gov/resultsreports/election-results/.
Submitting	•	When you submit this form to the appropriate circuit court within the officer's jurisdiction, all signatures must be <b>originals</b> . Copies of signatures will not be accepted.
	•	The petition shall be filed with either three (3) paper copies or an electronic copy.

Do Not Submit This Instruction Page With Completed Petition Pages.

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