Joseph William Korzen
[redacted]

VIA USPS REGISTERED MAIL (Return Receipt Requested)

Fredericksburg General District Court
Attn: Clerk's Office
1200 Caroline Street
Fredericksburg, VA 22401-4599

Re: Formal Virginia Freedom of Information Act (FOIA) Request
Subject: Records Related to TDO Hearing for Joseph William Korzen on February 17-28, 2025
Requestor: Joseph William Korzen, DOB: [redacted]
CICP Case No.: CICP[redacted]

Dear Clerk's Office,

Pursuant to the Virginia Freedom of Information Act (Code of Virginia § 2.2-3700 et seq.), I am formally requesting copies of all records pertaining to the Temporary Detention Order (TDO) hearing for myself, Joseph William Korzen (DOB: [redacted]), held on or about February 21, 2025, following my admission to the Snowden behavioral health unit at Mary Washington Hospital.

Specifically, I request the following records:

1. The audio recording of the TDO hearing;
2. Any transcripts or written notes from the hearing;
3. Documentation of all communications with my court-appointed attorney, including:
    - The pre-hearing meeting where I was advised to "be quiet in the hearing";
    - The phone conversation where I was told, "you don't want to do that. You don't want to go in front of jury of 12. You'll be out of here before then just petition to get your gun rights back"; When questioning the TDO.
4. Records related to the BB gun situation that was misrepresented as a real firearm;
5. All orders, notes, docket entries, and case files related to this matter.

I was verbally informed by court staff on or about February 21, 2025, that audio recordings of commitment hearings are retained for a minimum of three years. As this request is made within that preservation period (February 17, 2025 - February 17,

2028), I expect full compliance with Virginia FOIA requirements for production of these records.

I am the subject of these records and require them for an official claim with the federal Countermeasures Injury Compensation Program (CICP Case No. CICP[redacted]). Under Virginia law (§ 2.2-3704.2), this request for personal records should be processed at no cost.

If any fees apply, please provide a written estimate before proceeding. I reserve the right to appeal any fee or denial determination to the Office of the Attorney General per § 2.2-3707.

Verification of Identity:
To verify I am the subject of these records; I provide the following information:

- Full name: Joseph William Korzen
- Date of birth: [redacted]
- Home address: [redacted]
- Hospital: Mary Washington Hospital (Snowden behavioral health unit)
- Date of hearing: on or around February 21, 2025

I respectfully request your written response within the 7 business days required by Virginia law. If no records exist or if this request is denied in whole or in part, please cite the specific statutory exemption(s) used.

Thank you for your attention to this matter.

[redacted]

SIGNED / HANDWRITTEN AREA REDACTED
Original document preserved for authorized verification.

HRSA
Health Resources & Services Administration
Health Systems Bureau
Countermeasures Injury Compensation Program
5600 Fishers Lane
Rockville, MD 20857

December 3, 2025

Joseph Korzen
[redacted]

Case Number: CICP[redacted]

Dear Joseph Korzen:

Thank you for submitting a Request for Benefits form to the Countermeasures Injury Compensation Program (CICP). In addition to the form, you are required to submit: 1) records sufficient to demonstrate that you used or were administered a covered countermeasure; 2) records sufficient to demonstrate that you sustained a covered injury; and 3) a copy of each signed Authorization for Health Information Form authorizing the release of records to the Program that you sent to each of your healthcare providers instructing that your records be submitted directly to the Program. 42 C.F.R. §110.51(a).

You must arrange to have your providers submit the following medical records:

> (1) All medical records documenting medical visits, procedures, consultations, and test results that occurred on or after the date of administration or use of the covered countermeasure; and
> (2) All hospital records, including the admission history and physical examination, the discharge summary, all physician subspecialty consultation reports, all physician and nursing progress notes, and all test results that occurred on or after the date of administration or use of the covered countermeasure; and
> (3) All medical records for one year prior to administration or use of the covered countermeasure as necessary to indicate an injured countermeasure recipient's pre-existing medical history.
> (4) Proof of vaccination.

42 C.F.R. §110.50(a).

To date, the CICP has received copies of the signed "Authorization for Use or Disclosure of Health Information" form(s) **but has not received** the necessary medical records from your providers.
Please complete the steps outlined below to ensure that the CICP receives your medical records and the Request for Benefits can be processed and evaluated for CICP medical eligibility.

1. Complete an "Authorization for Use or Disclosure of Health Information" form for each healthcare provider that the requester visited, requesting records from the year prior to the use or administration of the countermeasure to the present. For example, if the requester received the covered countermeasure on January 1, 2021, please request the records for the time period between January 1, 2020, and the present date. If necessary, you can download additional "Authorization for Use or Disclosure of Health Information" forms from the CICP website: https://www.hrsa.gov/cicp/filing-benefits.
2. Submit the completed "Authorization for Use or Disclosure of Health Information" form(s) to requester's healthcare provider(s) so that they can send us the records AND mail a copy of each completed "Authorization for Use or Disclosure of Health Information" form(s) that you submitted to the CICP either online at this link: **cicpsubmit.hrsa.gov**, or to the following address:

   Health Resources and Services Administration
   Countermeasures Injury Compensation Program
   5600 Fishers Lane, 14W-18
   Rockville, MD 20857

If you have questions, please call 1-855-266-2427 or email the CICP at: CICP@HRSA.gov.

Very Respectfully,

Director
Division of Injury Compensation Program