Joseph William Korzen
[redacted]

VIA USPS REGISTERED MAIL (Return Receipt Requested)

Stafford County Sheriff's Office
Attn: Records Division
1300 Courthouse Road, Suite 100
Stafford, VA 22554-5720

Re: Formal Virginia Freedom of Information Act (FOIA) Request
Subject: Records Related to TDO Execution at [redacted], Fredericksburg, VA on February 18, 2025
Requestor: Joseph William Korzen, DOB: [redacted]
CICP Case No.: [redacted]

Dear Records Division,

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 service of a Temporary Detention Order (TDO) at my residence, [redacted], on February 18, 2025, in which I am the subject.

Specifically, I request the following records related to this incident:

1. The incident report (or "TDO service report") for this event;
2. Any supplemental reports filed by officers involved;
3. Body-worn camera footage from all officers present (including, but not limited to, Officer Williams);
4. Log entries, radio transmissions, and dispatch records associated with this incident;
5. Documentation regarding the three-year retention policy for TDO execution 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. [redacted]). Under Virginia law (§ 2.2-3704.2), this request for personal information should be processed at no cost.

If any fees are anticipated, please provide a written estimate prior to processing. I reserve the right to appeal any fee or denial determination to the Office of the Attorney General, as provided by § 2.2-3707.

Verification of Identity:
To verify my identity as the subject of these records, I am providing the following information:

- Full name: Joseph William Korzen
- Date of birth: March 1, 1970
- Home address: [redacted]

Please provide a written response within the seven business days required by Virginia law. If no records exist or if this request is denied in whole or in part, kindly cite the specific statutory exemption(s) relied upon.

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: [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