

Virginia Beach Juvenile and Domestic Relations District Court

All cases in the Juvenile and Domestic Relations (JDR) District Courts are heard and decided by the presiding judge. The JDR courts are not courts of record and there are no jury trials. Parties may appeal the decisions of the JDR court to the circuit court. JDR courts have a duty to protect the confidentiality and privacy of children and their families who have cases heard before the court. Unlike the circuit court and general district court, the general public is excluded from all JDR hearings, unless the judge authorizes a person to be present in the courtroom. The only exceptions to this rule are when a child is 14 years of age or older at the time he commits a criminal offense that would be a felony if committed by an adult, and cases involving adults who are charged with a crime. However, the judge may still exclude the general public for good cause shown.

Additionally, records of cases in JDR courts are confidential and cannot be inspected by the general public. The only exceptions to this rule are the same as the exceptions mentioned above. However, a judge may seal a case or a record within a case at his discretion.

The JDR courts handle cases involving:

- Children accused of a crime, traffic infraction, or status offenses
- Children in need of services or supervision
- Children who have been abused, neglected, or abandoned
- Children in foster care
- Children seeking emancipation or work permits
- Custody and visitation
- Child support
- Establishing paternity
- Termination of parental rights
- Domestic violence
- Post-separation spousal support
- Enforcement of support orders
- Court-ordered rehabilitation services
- Court consent for certain medical and mental health treatments
- Court-ordered blood testing of minors

MOTION TO AMEND OR REVIEW ORDER
Commonwealth of Virginia

Case No.

General District Court
 Juvenile and Domestic Relations District Court

.....
COURT ADDRESS

This motion is filed in connection with Case No.

In re
NAME OF CHILD

..... v.
PERSON FILING MOTION MOTHER FATHER OTHER OTHER PARTY MOTHER FATHER OTHER

.....
ADDRESS/LOCATION ADDRESS/LOCATION

.....
TELEPHONE NUMBER TELEPHONE NUMBER

I respectfully represent to the Court that an order dated was entered
DATE

by the above-named Court Court.

That order states as follows:

.....
REQUIREMENTS OF ORDER

I request that the attached order be changed, amended, and/or modified as follows:

.....
REQUESTED CHANGES, AMENDMENTS AND/OR MODIFICATIONS TO ORDER

I request these changes for the following reason(s):

I request a hearing on the modifications of the above order proposed by the Department of Social Services and that the Court take whatever other action it deems necessary.

.....
PRINTED NAME OF PERSON FILING MOTION

.....
DATE

.....
SIGNATURE OF PERSON FILING MOTION

Case No.

Additional parties to receive notice:

..... OTHER OTHER
..... ADDRESS/LOCATION ADDRESS/LOCATION
..... TELEPHONE NUMBER TELEPHONE NUMBER

NOTICE

.....
(PARTY TO BE SERVED)

You are hereby notified that on, a hearing will be held by this
DATE AND TIME
Court to consider a motion to change, amend, and/or modify the terms of an order as described in the Request on
the reverse side.

.....
DATE _____ CLERK _____

SERVICE OF PROCESS ON PARTY TO BE SERVED

Personal service

Being unable to make personal service, a copy was delivered in the following manner:

Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of
abode of party named above after giving information of its purport (List name, age of recipient and
relation of recipient to party named above.)

Posted on front door or such other door as appears to be the main entrance of usual place of abode,
address listed above. (Other authorized recipient not found.)

Not found

<p>CASES TO ENFORCE CHILD SUPPORT ONLY:</p> <p><input type="checkbox"/> Delivered to the</p> <p><input type="checkbox"/> residential <input type="checkbox"/> business address of record.</p>

.....
DATE _____ SERVING OFFICER _____

for _____

MOTION FOR SHOW CAUSE SUMMONS OR CAPIAS
COMMONWEALTH OF VIRGINIA

Case No.

HEARING DATE AND TIME

..... Juvenile and Domestic Relations District Court

This motion is filed in connection with Case No.

Party Making this Request: *v. / In re* Party to be Served:

NAME NAME
ADDRESS/LOCATION ADDRESS/LOCATION
TELEPHONE NUMBER TELEPHONE NUMBER

The undersigned respectfully represents to the Court that the respondent should,
 pursuant to Va. Code § 19.2-306, have his or her suspended sentence that was previously suspended on DATE for conviction of revoked because

COMPLETE DATA BELOW IF KNOWN									
RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			
SSN									

and be sentenced in accordance with Va. Code §§ 19.2-306 and 19.2-306.1.

have his or her recognizance revoked or modified because of the following violation of conditions of release:

be imprisoned, fined or otherwise punished or dealt with according to law
 pursuant to Va. Code §§ 18.2-456/16.1-69.24 for failure to obey an order of [] this Court [] dated ordering

such act of the respondent being described as on DATE

pursuant to Va. Code [] §§ 18.2-456/16.1-69.24 [] § 19.2-358 [] § 19.2-305.2 (restitution only), for failure to pay fines, costs, forfeitures, restitution and/or penalties or an installment thereof; payment due: \$ on DATE

pursuant to Va. Code § 16.1-278.16 for failure to provide support as ordered on \$ per with \$ arrearage as of DATE

pursuant to Va. Code § 16.1-292(A)(i) for failure to obey a child custody or visitation order of [] this Court [] dated ordering such an act of the respondent being described as on DATE

pursuant to § 19.2-303.3, have his or her local community-based probation revoked or modified because

pursuant to § 19.2-304, have his or her probation period or conditions modified as follows: because

pursuant to [] § 4.1-305 [] § 4.1-1120 [] § 18.2-57.3 [] § 18.2-251 [] § 19.2-303.2 [] § 19.2-303.6 [] § 19.2-298.02, have his or her deferral of proceedings revoked and be subjected to the proceedings as provided by law because

(Other – Explain)

Therefore, the undersigned requests the issuance of process to the respondent to answer the above motion.

DATE TITLE SIGNATURE

MOTION FOR REMOTE HEARING

Commonwealth of Virginia

Case No(s) _____

Court Date _____

Virginia Beach Juvenile & Domestic Relations District Court

*Pursuant to Virginia Code Sections 16.1-276.3 and 19.2-3.1, it is
SOLELY WITHIN THE DISCRETION OF THE COURT WHETHER TO CONDUCT ANY HEARING USING A TELEPHONIC
COMMUNICATION SYSTEM OR AN ELECTRONIC AUDIO AND VIDEO COMMUNICATION SYSTEM TO PROVIDE FOR THE
APPEARANCE OF ANY PARTIES AND WITNESSES.*

*It is the responsibility of the requesting party to ensure
that those appearing remotely have the ability to connect in the manner requested.*

Case Name(s): *In re:* _____

_____	v.	_____
Petitioner/Plaintiff		Defendant/Respondent
_____		_____
Address		Address
_____		_____
Address		Address
_____		_____
Telephone Number/Email Address		Telephone Number/Email Address

Remote Mechanism Requested:

Telephonic or WebEx – Best used with a personal computer, will have to download free program.

Persons appearing remotely: More than two participants appearing remotely - Addendum attached

<input type="checkbox"/> Witness <input type="checkbox"/> Other _____ Name _____ Address _____ <input type="checkbox"/> Address Confidential – DC-621 attached or on file Phone _____ Email _____	<input type="checkbox"/> Witness <input type="checkbox"/> Other _____ Name _____ Address _____ <input type="checkbox"/> Address Confidential – DC-621 attached or on file Phone _____ Email _____
--	--

Reason for remote hearing request: _____

Are you a Respondent to a Show Cause: Yes No (Respondents to Show Causes may be required to appear)

Remote Evidence to be presented: None Documents Pictures Objects _____

Interpreter*/Other Special Needs: None Yes – Explain _____

*Interpreter Request must be submitted – Click here to access the form on the court’s website: [Interpreter Request Form](#)

Requesting Party: _____ Petitioner/Plaintiff Defendant/Respondent
 Attorney Self-represented

CERTIFICATE OF SERVICE

I certify that on _____, 20____, I (check one) mailed emailed faxed a copy of this motion to:

Opposing Party Name: _____

Opposing Attorney Name: (if any) _____

Address: _____

Email address: _____

Fax Number: _____

OR

There was not sufficient time to notify the opposing party or counsel of this remote hearing request because

Respectfully submitted, _____ [Signature]

_____, 20 ____ [Date]

[YOUR INFORMATION BELOW]

NAME OF PARTY OR ATTORNEY: _____

LAW FIRM NAME (IF APPLICABLE): _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL: _____

BAR NUMBER (IF APPLICABLE): _____

COURT USE ONLY

ORDER

Granted Denied Other _____

Judge _____ Entered _____

Parties notified on _____ by _____
Date Deputy Clerk

WebEx invite sent on by _____
Date Deputy Clerk

Addendum - Motion For Remote Hearing

Commonwealth of Virginia – rev. 06/19/2020

Case No. _____

Page: _____ of _____

<input type="checkbox"/> Witness <input type="checkbox"/> Other _____ Name _____ Address _____ _____ Phone _____ Email _____	<input type="checkbox"/> Witness <input type="checkbox"/> Other _____ Name _____ Address _____ _____ Phone _____ Email _____
<input type="checkbox"/> Witness <input type="checkbox"/> Other _____ Name _____ Address _____ _____ Phone _____ Email _____	<input type="checkbox"/> Witness <input type="checkbox"/> Other _____ Name _____ Address _____ _____ Phone _____ Email _____
<input type="checkbox"/> Witness <input type="checkbox"/> Other _____ Name _____ Address _____ _____ Phone _____ Email _____	<input type="checkbox"/> Witness <input type="checkbox"/> Other _____ Name _____ Address _____ _____ Phone _____ Email _____
<input type="checkbox"/> Witness <input type="checkbox"/> Other _____ Name _____ Address _____ _____ Phone _____ Email _____	<input type="checkbox"/> Witness <input type="checkbox"/> Other _____ Name _____ Address _____ _____ Phone _____ Email _____

MOTION FOR GENETIC TESTING
Commonwealth of Virginia Va. Code §20-49.3

Case No.:

Circuit Court
 Juvenile & Domestic Relations District Court

..... *v./in re*

PETITIONER

RESPONDENT

.....
ALLEGED BIOLOGICAL MOTHER

.....
ALLEGED BIOLOGICAL FATHER

.....
NAME OF CHILD

I, being a party to the above-styled case in which parentage of
....., is in issue, move the Court for an order that the alleged
biological father, the alleged biological mother and the child or children named above, submit to scientifically reliable
genetic testing, including blood grouping tests and HLS (human leukocyte antigen) testing, which have been developed
and adapted for purposes of establishing or disproving parentage.

I swear or affirm that:

..... is the biological father biological mother of
..... and that the following facts establish a reasonable
possibility of the requisite sexual contact between the parties:

.....
OR

I am not the biological father biological mother of

.....
SIGNATURE OF PARTY REQUESTING GENETIC TESTING

Subscribed and sworn to before me this the day of,

My commission expires:

.....
 CLERK/DEPUTY CLERK NOTARY PUBLIC

NOTICE OF HEARING

TO: _____

TAKE NOTICE THAT A HEARING INVOLVING THIS CASE WILL BE HELD AT

COURT ADDRESS

on at m.

.....
DATE

CLERK

SERVICE OF PROCESS ON PERSON TO RECEIVE NOTICE

Personal service

Being unable to make personal service a copy was delivered in the following manner:

Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode or party named above after giving information of its purport. (List name, age of recipient and relation to party named above.)

.....

Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)

Not found.

.....
DATE

SERVING OFFICER

for _____

Circuit Court
 Juvenile and Domestic Relations District Court

In re:

JUVENILE

V.

I, the undersigned affiant, state the following information under oath:

Certain information has been omitted from this form and submitted under seal because I allege that the health, safety or liberty of a party or child would be jeopardized by disclosure. Another party may request that a hearing be held to determine whether this information should be disclosed.

1. The child presently resides at:

ADDRESS

The child commenced residing there on and has resided there continuously to this date.

DATE

2. The other places where and persons with whom this child has lived during the last five (5) years : (please complete reverse side).

3. I have have not participated, either as a party, witness, or in any other capacity in any other litigation (court proceeding) concerning custody of or visitation with this child, in any State or foreign country. If yes, complete below:

a. Name of Court and State or foreign country in which litigation occurred:

b. When did the litigation occur:

c. What was the outcome of the litigation:

d. Attach a copy of all pleadings and Orders filed in this litigation.

4. I do do not have knowledge or information of any proceeding that could affect this proceeding, including but not limited to custody, visitation, paternity, support, enforcement proceedings, proceedings related to domestic violence, protective orders, abuse and neglect, termination of parental rights and adoptions, which is pending in a court of this or any other State or foreign country. If yes, complete below:

a. Name of Court and State or foreign country in which proceeding is pending:

b. Attach a copy of all pleadings filed in the litigation.

5. I do do not know of any person who is not already named as a party in this proceeding who has physical custody of this child or who claims to have custody or visitation rights with respect to child. If yes:

a. Name and address of person:

b. Does this person have physical custody of the child? Yes No

c. State why you believe this person claims to have custody/visitation rights to the child:

6. I understand that I have an obligation to promptly inform this court if I later become aware of any other proceedings, including but not limited to custody, visitation, paternity, support, enforcement proceedings, proceedings related to domestic violence, protective orders, abuse and neglect, termination of parental rights and adoptions, either in this or any other State or foreign country that could affect the current proceeding.

SIGNATURE OF AFFIANT

Subscribed and sworn to before me on

DATE

Title:

SIGNATURE

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:)

AFFIDAVIT (continued) Question #2: Places where and persons with whom the child has lived during the last five (5) years.

DATE	ADDRESS WHERE CHILD RESIDED	PERSON WITH WHOM CHILD RESIDED	CURRENT ADDRESS OF PERSON WITH WHOM CHILD RESIDED
From
To
From
To
From
To
From
To
From
To
From
To
From
To
From
To
From
To
From
To

**AFFIDAVIT – DEFAULT JUDGMENT
SERVICEMEMBERS CIVIL RELIEF ACT**

Commonwealth of Virginia VA. CODE § 8.01-15.2

Case No.

RETURN DATE AND TIME

- Circuit Court General District Court
- Juvenile and Domestic Relations District Court

CITY OR COUNTY

v./In re:

I, _____, the undersigned affiant, states the following under oath:

PRINT NAME

- The defendant/respondent is in military service. is not in military service.
- The affiant is unable to determine whether or not the defendant/respondent is in military service.

The following facts support the statement above:

Pursuant to 50 U.S.C. § 3931, if the court is unable to determine whether the defendant/respondent is in military service based upon the affiant's statement, the court, before entering judgment, may require the plaintiff/petitioner to file a bond in an amount approved by the court.

DATE

AFFIANT'S SIGNATURE

The above-named affiant personally appeared this day before the undersigned, and upon duly being sworn, made oath that the facts stated in this affidavit are true to the best of his or her knowledge, information and belief.

DATE

CLERK DEPUTY CLERK MAGISTRATE JUDGE INTAKE OFFICER

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:)

NOTICE REGARDING APPOINTMENT OF COUNSEL TO REPRESENT ABSENT SERVICEMEMBER:

Where appointment of counsel is required pursuant to 50 U.S.C. § 3931 or § 3932 or another section of the Servicemembers Civil Relief Act, the court may assess reasonable attorney fees and costs against any party as the court deems appropriate, including a party aggrieved by a violation of the Act, and shall direct in its order which of the parties to the case shall pay such fees and costs, except the Commonwealth unless it is the party that obtains the judgment. Further, counsel appointed pursuant to the Servicemembers Civil Relief Act shall not be selected by the plaintiff or have any affiliation with the plaintiff.

FOR COURT USE ONLY:

ORDER OF APPOINTMENT OF COUNSEL

I find that appointment of counsel is required pursuant to 50 U.S.C. § 3931 or § 3932 or another section of the Servicemembers Civil Relief Act and therefore, I appoint the lawyer indicated below to represent the absent servicemember named as defendant/respondent above.

The lawyer shall be paid a fee of \$ for serving as counsel for the absent servicemember.

NAME, ADDRESS
OF COURT
APPOINTED
LAWYER

NEXT HEARING DATE AND TIME

DATE

JUDGE

STAY OF PROCEEDINGS

I find that a stay of proceedings is required pursuant to 50 U.S.C. § 3931 and, therefore, such a stay, for a minimum period of 90 days, is ordered until

NEXT HEARING DATE AND TIME

DATE

JUDGE

PETITION

Commonwealth of Virginia VA. CODE §§ 16.1-262; 16.1-263

Case No.

Juvenile and Domestic Relations District Court

DATE OF HEARING

In re a Child under eighteen years of age

CHILD'S NAME 1.	SSN:	DATE OF BIRTH 2.	AGE 3.	SEX	RACE
CHILD'S ADDRESS 4.	TELEPHONE NO.				
NAME OF PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER 5.	SSN	DATE OF BIRTH	TELEPHONE NO.		
ADDRESS OF PARENT 6.					
NAME OF PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER 7.	SSN	DATE OF BIRTH	TELEPHONE NO.		
ADDRESS OF PARENT 8.					
GUARDIAN/LEGAL CUSTODIAN OR PERSON IN <i>LOCO PARENTIS</i> NAME AND ADDRESS 9.			TELEPHONE NO.		
GUARDIAN'S /LEGAL CUSTODIAN OR PERSON IN <i>LOCO PARENTIS</i> RELATIONSHIP TO CHILD 10.					
OTHER(S) NAME AND ADDRESS 11.			TELEPHONE NO.		
12. Child held in CUSTODY <input type="checkbox"/> Yes <input type="checkbox"/> No					
13. Place of Detention or Shelter Care					
14. Date and Time Taken into Custody			15. Date and Time Placed in Detention or Shelter Care		
____/____/____ : ____ m.			____/____/____ : ____ m.		
16. The above information is not known to the petitioner: No(s).					

I, the undersigned petitioner, state under oath to the best of my knowledge, that the above-named child is within the purview of the Juvenile and Domestic Relations District Court Law in that, within this city/county, the child:

(FOR ADMINISTRATIVE USE ONLY IN DELINQUENCY CASES) Virginia Crime Code:

WHEREFORE, the Petitioner requests that the child and the persons having his or her custody and control be summoned to appear before this Court, and that this Court enter such orders and judgments as the Court deems fit and proper in accordance with the law and which will serve the purpose and intent of the Juvenile and Domestic Relations District Court Law.

..... DATE PETITIONER'S NAME (PRINT OR TYPE) PETITIONER'S SIGNATURE

PETITIONER'S ADDRESS AND TELEPHONE NUMBER (COURT COPY ONLY)

Petitioner's relationship to child: Sworn/affirmed and signed before me on

Title: Signature:

Filed by: _____	DATE
INTAKE OFFICER ATTORNEY	

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:))

**NOTICE OF RIGHTS TO DESTRUCTION OF JUVENILE AND
DOMESTIC RELATIONS DISTRICT COURT RECORDS**

(Va. Code § 16.1-306)

- Records relating to a proceeding where a juvenile is found guilty of a delinquent act which would be a felony if committed by an adult will not be destroyed.
- Records related to other proceedings concerning a juvenile will be destroyed automatically when:

such juvenile is nineteen (19) years old or older and

five years have passed since the date of the last hearing in the case. However, if the juvenile was found guilty of an offense reportable to the Virginia Department of Motor Vehicles, the records shall not be destroyed until the juvenile is twenty-nine (29) years old.

-
- You may request the earlier destruction of the court records in this case ONLY IF:

1. You were the subject of a delinquency or juvenile traffic proceeding, and
2. You were found innocent of the charge or the charge was otherwise dismissed, and
3. You file a motion with this court requesting destruction of the records connected with such charge with notice being given to the Commonwealth's Attorney.

Unless good cause is shown why the records should not be destroyed, this court shall grant the motion.

PETITION FOR PROTECTIVE ORDER – FAMILY ABUSE

Case No.

Commonwealth of Virginia Va. Code §§ 16.1-241(M), 16.1-253.1, 16.1-279.1

Hearing Date and Time

Juvenile and Domestic Relations District Court

SUMMONS FOR HEARING

TO THE RESPONDENT:

You are commanded to appear before this Court on at

[] CLERK [] DEPUTY CLERK

PETITIONER

v.

RESPONDENT

RESPONDENT'S ADDRESS/LOCATION

TO THE PETITIONER: Please provide your information on form DC-621, NON-DISCLOSURE ADDENDUM.

RESPONDENT'S DESCRIPTION

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			
SSN									

(H) (W)
RESPONDENT'S TELEPHONE NUMBER

The undersigned Petitioner respectfully represents to the Court that:

- Petitioner and Respondent are family or household members because
 - Petitioner is the Respondent's spouse former spouse
 - parent, stepparent, child, stepchild, brother, sister, half-brother, half-sister, grandparent, or grandchild, specifically,
 - mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law who resides in the same home with Respondent, specifically,
 - Petitioner and Respondent have children in common currently cohabit cohabited within the previous 12 months.
 - Petitioner and Respondent reside in the same home, and Petitioner is a child of a person Respondent cohabits with, or cohabited with within the previous 12 months, or Petitioner is a person Respondent's parent cohabits with, or cohabited with within the previous 12 months.
- Respondent is committing or, within a reasonable time, has committed the following acts of family abuse:
 -
 -
 -
 -
 -
 -
 - See accompanying affidavit.
- Other cases involving the Petitioner and Respondent have have not been filed in Virginia courts.
- An Emergency Protective Order involving the parties is in effect and was issued in the City County of on
- A Preliminary Protective Order or a Protective Order involving the parties is currently in effect.
- Petitioner knows or has reason to know that the Respondent owns or otherwise possesses firearms.

PETITIONER, THEREFORE, RESPECTFULLY REQUESTS that a preliminary protective order a protective order be issued and that such order impose the following conditions on the Respondent and such other conditions as the judge deems appropriate as allowed by law:

- Prohibiting further acts of family abuse or criminal offenses that result in injury to person or property.
- Prohibiting such contact with the Petitioner as the judge deems necessary for the health or safety of the Petitioner.

Case No.

[] Prohibiting such contact with the following family or household members as the judge deems necessary for their health and safety. (Please provide on Form DC-621, NON-DISCLOSURE ADDENDUM, the date of birth, gender and race for each family or household member listed.)

NAME NAME NAME
NAME NAME NAME

[] Granting the Petitioner possession of the premises occupied by Petitioner and Respondent to the exclusion of the Respondent. This residence is located at

[] Prohibiting the Respondent from terminating [] requiring that the Respondent restore necessary utility service(s) to the premises indicated above, specifically, UTILITY SERVICE(S)

[] Granting the Petitioner temporary exclusive possession or use of a motor vehicle jointly owned by the parties or owned by the Petitioner alone, described as follows:

[] Prohibiting the Respondent from terminating the [] insurance [] registration [] taxes on this motor vehicle.
[] Requiring the Respondent to maintain the [] insurance [] registration [] taxes for this motor vehicle.

[] Requiring that the Respondent provide suitable alternative housing for the Petitioner [] and other family or household members [] and requiring the Respondent to pay deposit(s) to connect or restore necessary utility service(s) in the alternative housing, specifically, UTILITY SERVICE(S)

[] Granting temporary custody or visitation of a minor child or children to Petitioner (UCCJEA affidavit attached). (PROTECTIVE ORDER only.)

[] Provide temporary support for minor children.

[] Granting the Petitioner possession of the companion animal described as NAME/TYPE

[] Granting the Petitioner [] and other family or household members exclusive use and possession of a cellular telephone number or electronic device.

[] Prohibiting the Respondent from terminating a cellular telephone number or electronic device before the expiration of the contract term with a third-party provider.
[] Prohibiting the Respondent from using a cellular or other electronic device to locate the Petitioner.

[] Other relief necessary for protection:

DATE PETITIONER

ATTORNEY'S ADDRESS AND TELEPHONE NUMBER by PETITIONER'S ATTORNEY

(When attested, this Petition shall also be an affidavit of the facts as stated in the Petition.)

Sworn to/affirmed and signed before me this day.

DATE [] INTAKE OFFICER [] CLERK

FOR NOTARY PUBLIC'S USE ONLY:
State of [] City [] County
Acknowledged, subscribed and sworn to before me this day of , 20
NOTARY REGISTRATION NUMBER NOTARY PUBLIC (My commission expires:)

RETURNS: Each person was served according to law, as indicated below, unless not found.

RESPONDENT:	
NAME	
ADDRESS	
.....	
<input type="checkbox"/> PERSONAL SERVICE	TELEPHONE NO.
<input type="checkbox"/> NOT FOUND	
SERVING OFFICER	
for	
DATE AND TIME	
Respondent's Description (for VCIN)	
RACE	SEX
DOB	
HGT	WGT
EYES	HAIR
SSN	
Telephone No.	
Relationship to Petitioner/Plaintiff	
Distinguishing features	

PETITIONER: (See form DC-621, NON-DISCLOSURE ADDENDUM)	
NAME	
.....	
<input type="checkbox"/> PERSONAL SERVICE	
<input type="checkbox"/> NOT FOUND	
SERVING OFFICER	
for	
DATE AND TIME	
<input type="checkbox"/> Copy delivered to	
.....	
by	
TITLE	
SIGNATURE	
DATE	

“Family or household member” means (i) the person’s spouse, whether or not he or she resides in the same home with the person, (ii) the person’s former spouse, whether or not he or she resides in the same home with the person, (iii) the person’s parents, stepparents, children, stepchildren, brothers, sisters, half-brothers, half-sisters, grandparents and grandchildren regardless of whether such persons reside in the same home with the person, (iv) the person’s mother-in-law, father-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law who reside in the same home with the person, or (v) any individual who has a child in common with the defendant, whether or not the person and that individual have been married or have resided together at any time, or (vi) any individual who cohabits or who, within the previous twelve (12) months, cohabitated with the person, and any children of either of them residing in the same home with the person.

“Family abuse” means any act involving violence, force, or threat that results in bodily injury or places one in reasonable apprehension of death, sexual assault, bodily injury and that is committed by a person against such person’s family or household member. Such act includes, but is not limited to, any forceful detention, stalking, criminal sexual assault in violation of Article 7 (§ 18.2-61 et. seq.) of Chapter 4 of Title 18.2, or any criminal offense that results in bodily injury or places one in reasonable apprehension of death, sexual assault, or bodily injury.

PETITION FOR SUPPORT (CIVIL)

Commonwealth of Virginia VA. CODE §§ 16.1-241(A) (3), 16.1-278.15, 20-88

CASE NO.

DCSE ID NO.

(to be added if DCSE is involved in case)

Juvenile and Domestic Relations District Court

PETITIONER

V.

RESPONDENT

RESIDENTIAL ADDRESS

RESIDENTIAL ADDRESS

MAILING ADDRESS IF DIFFERENT

MAILING ADDRESS IF DIFFERENT

Social Security No.

Social Security No.

Driver's License No. and State

Driver's License No. and State

Telephone No. (H) (W)

Telephone No. (H) (W)

Date of Birth

Date of Birth

EMPLOYER

EMPLOYER

EMPLOYER'S ADDRESS

EMPLOYER'S ADDRESS

The petitioner's information in the above box is provided on a separate sheet because a protective order has been issued or the petitioner alleges that the petitioner is at risk of physical or emotional harm from the other party. The undersigned Petitioner respectfully represents to the Court:

- That the parties have never been married;
 That there is a court order adjudicating the paternity of one or more of the subjects of this petition. If so, attach a copy of the order.
 That the respondent and petitioner were lawfully married on in
DATE CITY/COUNTY AND STATE
 That the respondent and petitioner were divorced on in (attach divorce decree).
DATE CITY/COUNTY AND STATE
 Divorce pending in
CITY/COUNTY AND STATE
 That the respondent is at least 18 years of age and is a child of the parent named below.

- That child custody has been adjudicated. If so, attach a copy of the order.
 That an order concerning the support of the person(s) for whom support is sought in this petition has been entered. (Attach most recent court order.)
 That no other case for support for the below-named person(s) has been filed in any other court.

3. That the respondent has a legal duty to provide support and maintenance for the following persons:

Name	Social Security Number	Date of Birth	Relationship to Respondent
------	------------------------	---------------	----------------------------

and respondent

who resides at petitioner's address

- Division of Child Support Enforcement is is not involved in this case.
- That support of the named persons who are the subject(s) of this petition is a subject of controversy or requires determination because:

PERSON TO BE SUMMONED

PETITION FOR SUPPORT (CIVIL)

Case No.

6. A license, certificate, registration or other authorization to engage in a profession, business, trade, occupation, or recreational activity issued by the Commonwealth of Virginia is held by

Table with 3 columns: TYPE OF LICENSE, AGENCY GRANTING LICENSE, LICENSE NO. Rows for Respondent and Petitioner.

7. A Protective Order is currently in effect against the Respondent. Yes No. If yes, give name of issuing court, state and expiration date.

Form for Protective Order details: COURT ISSUING ORDER, STATE, EXPIRATION DATE, PERSON(S) PROTECTED BY THE ORDER.

The petitioner therefore prays that proper process be issued directing the respondent to appear and answer this petition in Court, and that the Court

A. Make a finding in its Order that the Respondent is the parent of the children named in this petition (paternity has not been previously established).

Form for parentage finding: MOTHER'S NAME, SSN, MAIDEN NAME, RESPONDENT'S NAME, SSN, RACE, RESPONDENT'S DATE OF BIRTH, PLACE OF BIRTH (STATE OR FOREIGN COUNTRY).

B. Order the Respondent to furnish support as follows:

- Child support per guidelines
Child support in the amount of \$ per TIME PERIOD
Spousal support in the amount of \$ per TIME PERIOD
Combined child and spousal support in the amount of \$ per TIME PERIOD
Support for a child who is (i) severely and permanently mentally or physically disabled...
Support for a parent in necessitous circumstances in the amount of \$ per TIME PERIOD as determined by the court.

C. Enter an order or require the Respondent to enter into an agreement creating a wage assignment or income deduction to enforce any orders entered in the case as the responding court deems appropriate.

D. Order that all payments be made directly to the payee. to or through the Virginia Department of Social Services or its contractors.

E. Provide in the order that Respondent furnish health insurance coverage, including dental and vision care coverage, if available, for the dependents and for delivery of the documents necessary for the use of such coverage to the dependents.

F. Provide in the order that the parents share the cost of any reasonable and necessary unreimbursed medical or dental expenses for each child who is the subject of the obligation in proportion to their gross incomes.

G. Provide in the order that the parents pay, in proportion to their gross incomes, any reasonable and necessary unpaid expenses of the mother's pregnancy and delivery of a child born during the 6 months before the commencement of this initial child support proceeding

H. Require the Respondent to post a performance bond.

I.

Petitioner further requests the granting of such other and further relief as the law provides.

DATE PETITIONER

The Petitioner appeared this date before the undersigned and, upon being duly sworn, made oath that the facts stated in the foregoing petition are true based on the Petitioner's knowledge.

DATE [] CLERK [] INTAKE OFFICER

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:)

CHILD SUPPORT GUIDELINES WORKSHEET

Commonwealth of Virginia Va. Code § 20-108.2

Case No.

..... (Party A) v. (Party B) DATE

	PARTY A	PARTY B
1. Monthly Gross Income (see instructions on reverse)	\$	\$
2. Adjustments for spousal support payments (see instructions on reverse)	\$	\$
3. Adjustments for support of child(ren) (see instructions on reverse)	\$	\$
4. Deductions from Monthly Gross Income allowable by law (see instructions on reverse)	\$	\$
5. a. Available monthly income	\$	\$
b. Combined monthly available income (combine both available monthly income figures from line 5.a.)	\$ <input style="width: 100px;" type="text"/>	

6. Number of children in the present case for whom support is sought:	<input style="width: 100px;" type="text"/>
7. a. Monthly basic child support obligation (from schedule — see instructions on reverse)	a. \$
b. Monthly amount allowable for health care coverage (see instructions on reverse)	b. \$
c. Monthly amount allowable for employment-related child care expenses (see instructions on reverse)	c. \$
8. Total monthly child support obligation (add lines 7.a., 7.b., and 7.c.)	\$ <input style="width: 100px;" type="text"/>

	PARTY A	PARTY B
9. Percent obligation of each party (divide "available monthly income" on line 5.a. by line 5.b.)%%
10. Monthly child support obligation of each party (multiply line 8 by line 9)	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
11. Deduction by non-custodial parent for health care coverage when paid directly by non-custodial parent or non-custodial parent's spouse (from line 7.b.)	\$	\$

	PARTY A	PARTY B
12. Adjustments (if any) to Child Support Guidelines Calculation (see instructions on reverse)		
a. Credit for benefits received by or for the child derived from the parent's entitlement to disability insurance benefits to the extent that such derivative benefits are included in a parent's gross income	-\$	-\$
b.	\$	\$
c.	\$	\$
13. Each party's adjusted share	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>

CHILD SUPPORT GUIDELINES WORKSHEET INSTRUCTIONS

General — Use monthly financial information rounded to the nearest dollar in making these calculations. To convert data to monthly figures,

- multiply weekly financial data by 4.33
- multiply bi-weekly financial data by 2.167
- multiply semi-monthly financial data by 2
- divide annual financial data by 12

Amounts of \$.50 or more should be rounded up to the nearest dollar; amounts less than \$.50 should be rounded down to the nearest dollar.

Line 1 — Gross income is defined by Virginia Code § 20-108.2(C).

- a. Gross income “shall mean all income from all sources, and shall include, but not be limited to, income from salaries, wages, commissions, royalties, bonuses, dividends, severance pay, pensions, interest, trust income, annuities, capital gains, social security benefits, worker’s compensation benefits, disability insurance benefits, veterans’ benefits, spousal support, rental income, gifts, prizes or awards. If a parent’s gross income includes disability insurance benefits, it shall also include any amounts paid to or for the child who is the subject of the order and derived by the child from the parent’s entitlement to disability insurance benefits.”
- b. Gross income “shall not include benefits from public assistance programs as defined in Virginia Code § 63.2-100 [Temporary Assistance to Needy Families, auxiliary grants to the aged, blind and disabled, medical assistance, energy assistance, food stamps, employment services, child care, general relief] federal Supplemental Security benefits, child support received, or income received by the payor from secondary employment income not previously included in “gross income,” where the payor obtained the income to discharge a child support arrearage established by a court or administrative order and the payor is paying the arrearage pursuant to the order.”

Line 2 — If spousal support is being paid by a party pursuant to an existing court or administrative order or written agreement, regardless of whether it is being paid to the other party or to a person not a party to this proceeding, subtract that amount under the payor’s column. If spousal support is being received by a party pursuant to an existing court or administrative order or written agreement, regardless of whether it is being paid by the other party to this proceeding, add the amount under the payee’s column. Use plus and minus signs appropriately. If a party is not paying or receiving spousal support, insert “none” in the appropriate column(s).

Line 3 — When a party is paying child support payments pursuant to an existing court or administrative order or written agreement for a child or children who are not the subject of the proceeding, subtract this amount from gross income. When a party has a child or children who are not the subject of the proceeding in their household or primary physical custody, subtract the amount as shown on the schedule of Monthly Basic Child Support Obligations that represents that party’s support obligation for that child or children based solely on the party’s income as the total income available. If these provisions are inapplicable, insert “none” in the appropriate column(s). There is only a presumption that these amounts will be deducted from gross income.

Line 4 (Virginia Code § 20-108.2(C)) — If either parent has income from self-employment, a partnership or a closely-held business, subtract reasonable business expenses under the column of the party with such income. Include one-half of any self-employment tax paid, if applicable. If none, insert “none.”

Line 5.a. — As applicable, add to and subtract from line 1 the figures in lines 2, 3 and 4 and enter the total for each column.

NOTE: Any adjustments to gross income shall not create or reduce a support obligation to an amount which seriously impairs the custodial parent’s ability to maintain minimal adequate housing and provide other basic necessities for the child.

Line 7.a. — Using § 20-108.2(B) SCHEDULE OF MONTHLY BASIC CHILD SUPPORT OBLIGATIONS, use line 5.b. (combined monthly available income) to find the applicable income level under COMBINED GROSS INCOME, then use line 6 (number of children) to determine the basic child support obligation under the appropriate column at the applicable income level.

Line 7.b. (Virginia Code §§ 20-108.2(E) and 63.2-1900) — Insert costs for “health care coverage” for the child or children who are the subject of the child support order that are being paid by a parent or that parent’s spouse. To determine the cost to be added to the basic child support obligation, the cost per person shall be applied to the child or children who are subject of the child support order. If the per child cost is provided by the insurer, that is the cost per person. Otherwise, to determine the cost per person, the cost of individual coverage for the policy holder shall be subtracted from the total cost of the coverage, and the remaining amount shall be divided by the number of remaining covered persons. “Health care coverage” means any plan providing hospital, medical or surgical care coverage for dependent children provided such coverage is available and can be obtained by a parent, parents, or a parent’s spouse at a “reasonable cost” (defined as “available, in an amount not to exceed 5% of the gross income of the parent responsible for providing health care coverage, and accessible through employers, unions or other groups, or Department-sponsored health care coverage, without regard to service delivery mechanism”). This item should also include the cost of any vision care coverage and any dental care coverage for the child or children paid by a parent, or that parent’s spouse.

Lines 7.c. (Virginia Code § 20-108.2(F)) — Insert actual cost or the amount required to provide quality child care, whichever is less. If applicable, allocate ratably between employment-related child care and other child care based on custodian’s activities while child care is being provided.

Line 12(a) — If amounts paid to or for the child who is the subject of the order and derived by the child from the parent’s entitlement to disability insurance benefits have been included in a parent’s gross income, that amount should be subtracted from that parent’s child support obligation.

Line 12 (b-c) (Virginia Code § 20-108.1(B)) — If applicable, describe adjustment to child support for factors not addressed in guidelines calculation, then show amount to be added to or subtracted from each party-parent’s child support obligation (use plus and minus signs appropriately).

Line 13 — If additional items are entered in lines 12 (a-c), add and subtract such items from line 10 and enter the totals on this line. In cases involving split custody, the amount of child support to be calculated using these guidelines shall be the difference between the amounts owed by each parent as a noncustodial parent, computed in accordance with these guidelines, with the noncustodial parent owing the larger amount paying the difference to the other parent.

For the purpose of applying these provisions, split custody shall be limited to those situations where each parent has physical custody of a child or children born of the parents, born of either parent and adopted by the other parent or adopted by both parents. For the purposes of calculating a child support obligation where split custody exists, a separate family unit exists for each parent, and child support for that family unit shall be calculated upon the number of children in that family unit who are born of the parents, born of either parent and adopted by the other parent or adopted by both parents. Where split custody exists, a parent is a custodial parent to the children in that parent’s family unit and is a noncustodial parent to the children in the other parent’s family unit.

**CHILD SUPPORT GUIDELINES
WORKSHEET — SPLIT CUSTODY**

Commonwealth of Virginia Va. Code § 20-108.2

Case No.

..... (Party A) v. (Party B)

	DATE	
	<u>PARTY A</u>	<u>PARTY B</u>
1. Monthly Gross Income (see instructions on Page 2)	\$	\$
2. Adjustments for spousal support payments (see instructions on Page 2)	\$	\$
3. Adjustments for support of child(ren) (see instructions on Page 2)	\$	\$
4. Deductions from Monthly Gross Income allowable by law (see instructions on Page 2)	-\$	\$
<hr/>		
5. a. Available monthly income	\$	\$
b. Combined monthly available income (combine both available monthly income figures from line 5.a.)		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
6. Percent obligation of each party (divide "available monthly income" on line Line 5.a. by line 5.b.)	%	%
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
7. Number of children for which that person is the <u>noncustodial</u> parent.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

	<u>PARTY A</u>	<u>PARTY B</u>
8. a. Monthly basic child support obligation for number of children listed above (from schedule — see instructions on Page 2)	\$	\$
b. Monthly amount allowable for health care coverage paid by <u>other</u> parent or that <u>other</u> parent's spouse (see instructions on Page 2)	\$	\$
c. Monthly amount allowable for employment-related child care expense paid by <u>other</u> parent (see instructions on Page 2)	\$	\$
9. Total monthly child support obligation of each parent (add lines 8.a., 8.b., and 8.c. for each parent)	\$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	\$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
10. Total monthly child support obligation of each party (multiply line 6 by line 9)	\$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	\$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

	<u>PARTY A</u>	<u>PARTY B</u>
11. Adjustments (if any) to Child Support Guidelines Calculation (see instructions on Page 2)		
a. Credit for benefits received by or for the child derived from the parent's entitlement to disability insurance benefits to the extent that such derivative benefits are included in a parent's gross income	-\$	-\$
b.	\$	\$
c.	\$	\$
<hr/>		
12. Each party's adjusted obligation to other party	\$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	\$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
13. Net payment	\$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	\$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

CHILD SUPPORT GUIDELINES WORKSHEET INSTRUCTIONS

For the purpose of applying this provision, split custody shall be limited to those situations where each parent has physical custody of a child or children born of the parents, born of either parent and adopted by the other parent or adopted by both parents. For the purposes of calculating a child support obligation where split custody exists, a separate family unit exists for each parent, and child support for that family unit shall be calculated upon the number of children in that family unit who are born of the parents, born of either parent and adopted by the other parent or adopted by both parents. Where split custody exists, a parent is a custodial parent to the children in that parent's family unit and is a noncustodial parent to the children in the other parent's family unit.

General — Use monthly financial information rounded to the nearest dollar in making these calculations. To convert data to monthly figures,

- multiply weekly financial data by 4.33
- multiply bi-weekly financial data by 2.167
- multiply semi-monthly financial data by 2
- divide annual financial data by 12

Amounts of \$.50 or more should be rounded up to the nearest dollar; amounts less than \$.50 should be rounded down to the nearest dollar.

Line 1 — Gross income is defined by Virginia Code § 20-108.2(C).

- Gross income "shall mean all income from all sources, and shall include, but not be limited to, income from salaries, wages, commissions, royalties, bonuses, dividends, severance pay, pensions, interest, trust income, annuities, capital gains, social security benefits, worker's compensation benefits, disability insurance benefits, veterans' benefits, spousal support, rental income, gifts, prizes or awards. If a parent's gross income includes disability insurance benefits, it shall also include any amounts paid to or for the child who is the subject of the order and derived by the child from the parent's entitlement to disability insurance benefits."
- Gross income "shall not include benefits from public assistance programs as defined in Virginia Code § 63.2-100 [Temporary Assistance to Needy Families, auxiliary grants to the aged, blind and disabled, medical assistance, energy assistance, food stamps, employment services, child care, general relief] federal Supplemental Security benefits, child support received, or income received by the payor from secondary employment income not previously included in "gross income," where the payor obtained the income to discharge a child support arrearage established by a court or administrative order and the payor is paying the arrearage pursuant to the order."

Line 2 — If spousal support is being paid by a party pursuant to an existing court or administrative order or written agreement, regardless of whether it is being paid to the other party or to a person not a party to this proceeding, subtract that amount under the payor's column. If spousal support is being received by a party pursuant to an existing court or administrative order or written agreement, regardless of whether it is being paid by the other party to this proceeding, add the amount under the payee's column. Use plus and minus signs appropriately. If a party is not paying or receiving spousal support, insert "none" in the appropriate column(s).

Line 3 — When a party is paying child support payments pursuant to an existing court or administrative order or written agreement for a child or children who are not the subject of the proceeding, subtract this amount from gross income. When a party has a child or children who are not the subject of the proceeding in their household or primary physical custody, subtract the amount as shown on the Schedule of Monthly Basic Child Support Obligations that represents that party's support obligation for that child or children based solely on that party's income as the total income available. If these provisions are inapplicable, insert "none" in the appropriate column(s). **There is only a presumption that these amounts will be deducted from gross income.**

Line 4 (Virginia Code § 20-108.2(C)) — If either parent has income from self-employment, a partnership or a closely-held business, subtract reasonable business expenses under the column of the party with such income. Include one-half of any self-employment tax paid, if applicable. If none, insert "none."

Line 5.a. — As applicable, add to and subtract from line 1 the figures in lines 2, 3 and 4 and enter the total for each column.

NOTE: Any adjustments to gross income shall not create or reduce a support obligation to an amount which seriously impairs the custodial parent's ability to maintain minimal adequate housing and provide other basic necessities for the child.

Line 8.a. — Using Virginia Code § 20-108.2(B) SCHEDULE OF MONTHLY BASIC CHILD SUPPORT OBLIGATIONS, use line 5.b. (combined monthly available income) to find the applicable income level under COMBINED GROSS INCOME, then use line 7 (number of children) to determine the basic child support obligation under the appropriate column at the applicable income level.

Line 8.b. (Virginia Code §§ 20-108.2(E) and 63.2-1900) — Insert costs for "health care coverage" for the child or children who are the subject of the child support order that are being paid by a parent or that parent's spouse. To determine the cost to be added to the basic child support obligation, the cost per person shall be applied to the child or children who are subject of the child support order. If the per child cost is provided by the insurer, that is the cost per person. Otherwise, to determine the cost per person, the cost of individual coverage for the policy holder shall be subtracted from the total cost of the coverage, and the remaining amount shall be divided by the number of remaining covered persons. "Health care coverage" means any plan providing hospital, medical or surgical care coverage for dependent children provided such coverage is available and can be obtained by a parent, parents, or a parent's spouse at a "reasonable cost" (defined as "available, in an amount not to exceed 5% of the gross income of the parent responsible for providing health care coverage, and accessible through employers, unions or other groups without regard to service delivery mechanism"). This item should also include the cost of any vision care coverage and any dental coverage for the child or children paid by a parent or that parent's spouse.

Lines 8.c. (Virginia Code § 20-108.2(F)) — Insert actual cost or the amount required to provide quality child care, whichever is less. If applicable, allocate ratably between employment-related child care and other child care based on custodian's activities while child care is being provided.

Line 11 (a-c) (Virginia Code § 20-108.1(B)) If amounts paid to or for the child who is the subject of the order and derived by the child from the parent's entitlement to disability insurance benefits have been included in a parent's gross income, that amount should be subtracted from that parent's child support obligation. If applicable, describe adjustment to child support for factors not addressed in guidelines calculation, then show amount to be added to or subtracted from each party-parent's child support obligation (use plus and minus signs appropriately).

Line 12 — If additional items are entered in lines 11 (a-c), add and subtract such items from line 10 and enter the totals on this line. In cases involving split custody, the amount of child support to be calculated using these guidelines shall be the difference between the amounts owed by each parent as a noncustodial parent, computed in accordance with these guidelines, with the noncustodial parent owing the larger amount paying the difference to the other parent.

**CHILD SUPPORT GUIDELINES
WORKSHEET – SHARED CUSTODY**
Commonwealth of Virginia Va. Code § 20-108.2

Case No.

DATE

..... (Party A) v. (Party B)

I. GUIDELINE CALCULATION

	<u>Party A</u>	<u>Party B</u>	<u>Combined</u>
A. INCOME			
Monthly Gross Income (see instructions on Page 2)	(1) \$	(2) \$	
Adjustments for spousal support payments (see instructions on Page 2)	(3) \$	(4) \$	
Adjustments for support of child(ren) (see instructions on Page 2)	(5) \$	(6) \$	
Deductions from Monthly Gross Income Allowable by law (see instructions on Page 2)	(7) \$	(8) \$	
Available Gross Income	(9) \$	(10) \$	= (11) \$
Percentage of Combined Gross Income	(12)	(13)	= 100%

B. CHILD SUPPORT NEEDS			
Number of children for whom support is sought			(14)
Child support from guideline table – apply lines (11) and (14) to table			(15) \$
Total shared support – line (15) x 1.40			(16) \$
	<u>Party A</u>	<u>Party B</u>	
Total days in year each parent has custody	(17)	(18)	= 365
Each party's custody share	(19)	(20)	= 100%

C. EACH PARTY'S SUPPORT OBLIGATION TO OTHER PARTY			
1. Party B's obligation to Party A	<u>Party A</u>	<u>Party B</u>	
Basic support to Party A – lines (19) x (16)		(21) \$	
Health care coverage <u>PAID</u> by Party A or by Party A's spouse (if any)		(22) \$	
Work-related child care of Party A (if any)		(23) \$	
Total – lines (21) + (22) + (23)		(24) \$	
Party B's obligation – lines (24) x (13) =		(25) \$	
2. Party A's obligation to Party B			
Basic support to Party B – lines (20) x (16)	(26) \$		
Health care coverage <u>PAID</u> by Party B or by Party B's spouse (if any)	(27) \$		
Work-related child care of Party B (if any)	(28) \$		
Total – lines (26) + (27) + (28)	(29) \$		
Party A's obligation – lines (29) x (12) =	(30) \$		

D. NET MONTHLY CHILD SUPPORT PAYABLE FROM ONE PARTY TO THE OTHER		
Shared custody child support guideline amount – difference between lines (25) and (30) = (31)		(31) \$
(32) Payable to [] Party A [] Party B (see instructions on Page 2)		

II. ADJUSTMENTS (IF ANY) TO SHARED CUSTODY CHILD SUPPORT GUIDELINE AMOUNT

A. ADJUSTMENT ITEMS	<u>Party A</u>	<u>Party B</u>
1. Credit for benefits received by or for the child derived from the parent's entitlement to disability insurance benefits to the extent that such derivative benefits are included in a parent's gross income	(33) \$	(34) \$
2.	\$	\$
3.	\$	\$
Total adjustments	(35) \$	(36) \$
Net adjustments (difference between lines (35) and (36))	(37) \$	
(38) Owed to [] Party A [] Party B (see instructions on Page 2)		
B. TOTAL ADJUSTED SUPPORT (see instructions on Page 2)	(39) \$	
(40) Payable to [] Party A [] Party B		

CHILD SUPPORT GUIDELINES WORKSHEET INSTRUCTIONS

General – Use monthly financial information rounded to the nearest dollar in making these calculations. To convert data to monthly figures,

- multiply weekly financial data by 4.33
- multiply bi-weekly financial data by 2.167
- multiply semi-monthly financial data by 2
- divide annual financial data by 12

Amounts of \$.50 or more should be rounded up to the nearest dollar; amounts less than \$.50 should be rounded *down* to the nearest dollar.

Lines 1 and 2 – Gross income is defined by Virginia Code § 20-108.2(C).

a. Gross income “shall mean all income from all sources, and shall include, but not be limited to, income from salaries, wages, commissions, royalties, bonuses, dividends, severance pay, pensions, interest, trust income, annuities, capital gains, social security benefits, worker’s compensation benefits, disability insurance benefits, veterans’ benefits, spousal support, rental income, gifts, prizes or awards. If a parent’s gross income includes disability insurance benefits, it shall also include any amounts paid to or for the child who is the subject of the order and derived by the child from the parent’s entitlement to disability insurance benefits.”

b. Gross income “shall not include benefits from public assistance programs as defined in Virginia Code § 63.2-100 [Temporary Assistance to Needy Families, auxiliary grants to the aged, blind and disabled, medical assistance, energy assistance, food stamps, employment services, child care, general relief] federal Supplemental Security benefits, child support received, or income received by the payor from secondary employment income not previously included in “gross income,” where the payor obtained the income to discharge a child support arrearage established by a court or administrative order and the payor is paying the arrearage pursuant to the order.”

Lines 3 and 4 – If spousal support is paid by a party pursuant to an existing court or administrative order or written agreement, regardless of whether it is being paid to the other party or to a person not a party to this proceeding, subtract that amount under the payor’s column. If spousal support is being received by a party pursuant to an existing court or administrative order or written agreement, regardless of whether it is being paid by the other party to this proceeding, add the amount under the payee’s column. Use plus and minus signs appropriately. If a party is not paying or receiving spousal support, insert “none” in the appropriate column(s).

Lines 5 and 6 – When a party is paying child support payments pursuant to an existing court or administrative order or written agreement for a child or children who are not the subject of the proceeding, subtract this amount from gross income. When a party has a child or children who are not the subject of the proceeding in their household or primary physical custody, subtract the amount as shown on the Schedule of Monthly Basic Child Support Obligations that represents that party’s support obligation for that child or children based solely on that party’s income as the total income available. If these provisions are inapplicable, insert “none” in the appropriate column(s). There is only a presumption that these amounts will be deducted from gross income.

Line 7 and 8 (Virginia Code § 20-108.2(C)) – If either parent has income from self-employment, a partnership or a closely-held business, subtract reasonable business expenses under the column of the party with such income. Include one-half of self-employment tax paid, if applicable. If none, insert “none.”

NOTE: Any adjustments to gross income shall not create or reduce a support obligation to an amount which seriously impairs the custodial parent’s ability to maintain minimal adequate housing and provide other basic necessities for the child.

Line 15 – Using Virginia Code § 20-108.2(B) SCHEDULE OF MONTHLY BASIC CHILD SUPPORT OBLIGATIONS, use line (11) (combined monthly available income) to find the applicable income level under COMBINED GROSS INCOME, then use line (14) (number of children) to determine the basic child support obligation under the appropriate column at the applicable income level.

Line 22 and 27 – (Virginia Code §§ 20-108.2(E) and 63.2-1900) – Insert costs for “health care coverage” for the child or children who are the subject of the child support order that are being paid by a parent or that parent’s spouse. To determine the cost to be added to the basic child support obligation, the cost per person shall be applied to the child or children who are subject of the child support order. If the per child cost is provided by the insurer, that is the cost per person. Otherwise, to determine the cost per person, the cost of individual coverage for the policy holder shall be subtracted from the total cost of the coverage, and the remaining amount shall be divided by the number of remaining covered persons. “Health care coverage” means any plan providing hospital, medical or surgical care coverage for dependent children provided such coverage is available and can be obtained by a parent, parents, or a parent’s spouse at a reasonable cost (defined as “available, in an amount not to exceed 5% of the income of the parent responsible for providing health care coverage, and accessible through employers, unions or other groups or Department-sponsored health care coverage, without regard to service delivery mechanism”). This item should also include the cost of any vision care coverage or any dental care coverage for the child or children paid by a parent or that parent’s spouse.

Lines 23 and 28 (Virginia Code § 20-108.2(F)) – Any child-care costs incurred on behalf of the child or children due to employment of the custodial parent shall be added to the basic child support obligation. Child-care costs shall not exceed the amount required to provide quality care from a licensed source.

Line 32 – If Line (25) is larger than Line (30), check Party A on Line (32). If Line (25) is smaller than Line (30), check Party B on Line (32).

Lines 33 and 34 – If amounts paid to or for the child who is the subject of the order and derived by the child from the parent’s entitlement to disability insurance benefits have been included in a parent’s gross income, that amount should be subtracted from that parent’s child support obligation.

Line 38 – If Line (35) is larger than Line (36), check Party A on Line (38). If Line (35) is smaller than Line (36), check Party B on Line (38).

Lines 39 and 40 – If Lines (31) and (37) are owed to the same party, put the sum of the amounts in these lines on Line (39) and, in Line (40), check the party checked on line (32). If Lines (31) and (37) are owed to different parties, put the difference between the amounts in these lines on Line (39) and, in Line (40), check the party to whom the larger of the amounts in Lines (31) and (37) are owed.

FEDERAL POVERTY GUIDELINES (Notice Date: February 1, 2021)

Household Size	1	2	3	4	5	6	7	8
Guideline plus 50%	\$19,320	\$26,130	\$32,940	\$39,750	\$46,560	\$53,370	\$60,180	\$66,990
(Add \$6,720 for each additional member in households of more than eight.)								

**SUBPOENA FOR WITNESS (CIVIL) –
ATTORNEY ISSUED**

Commonwealth of Virginia
VA. CODE §§ 8.01-407; 16.1-265; Supreme Court Rules 1:4, 4:5

Case No. _____

HEARING DATE AND TIME _____

_____ Court

ADDRESS OF COURT _____

v./In re: _____

TO THE PERSON AUTHORIZED BY LAW TO SERVE THIS PROCESS:

You are commanded to summon

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

TO the person summoned: You are commanded to appear

[] in the _____ Court

[] at _____

ADDRESS (DEPOSITION USE IN CIRCUIT COURT ONLY)

on _____, _____ at _____ to testify in the above-named case.

This subpoena is issued by the attorney for and on behalf of

PARTY NAME _____

NAME OF ATTORNEY _____

VIRGINIA STATE BAR NUMBER _____

OFFICE ADDRESS _____

TELEPHONE NUMBER OF ATTORNEY _____

OFFICE ADDRESS _____

FACSIMILE NUMBER OF ATTORNEY _____

DATE ISSUED _____

SIGNATURE OF ATTORNEY _____

Notice to Recipient: See page two for further information.

RETURN OF SERVICE (see page two of this form)

TO the person summoned:

If you are served with this subpoena less than 5 calendar days before your appearance is required, the court may, after considering all of the circumstances, refuse to enforce the subpoena for lack of adequate notice. If you are served less than 5 calendar days before your appearance is required and you are a judicial officer generally incompetent to testify pursuant to § 19.2-271, this subpoena has no legal force or effect. If you are served with this subpoena less than 5 calendar days before your appearance is required, you may wish to contact the attorney who issued this subpoena and the clerk of the court.

This SUBPOENA FOR WITNESS is being served by a private process server who must provide proof of service in accordance with Va. Code § 8.01-325.

TO the person authorized to serve this process: Upon execution, the return of this process shall be made to the clerk of court.

NAME:	
ADDRESS:	
.....	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to a person found in charge of usual place of business or employment during business hours and giving information of its purport.	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above:	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> not found, Sheriff
DATE	By, Deputy Sheriff

CERTIFICATE OF COUNSEL

I,, counsel for, hereby certify that a copy of the foregoing subpoena for witness was
DELIVERY METHOD
to, counsel of record for,
on the day of

SIGNATURE OF ATTORNEY

SUBPOENA DUCES TECUM

Commonwealth of Virginia VA. CODE §§ 16.1-89, 16.1-131, 16.1-265, Rules 3A:12, 4:9(c)

General District Court

CITY OR COUNTY

Juvenile and Domestic Relations District Court

STREET ADDRESS OF COURT

REQUEST FOR SUBPOENA DUCES TECUM

A. I request that a subpoena duces tecum be issued to require the custodian named at right or someone acting on his or her behalf to produce the items described below on the attached request for issuance of a subpoena duces tecum.

ITEMS TO BE PRODUCED

1. To be delivered to:
 this Court at the above address on:
 the clerk's office of this court at the above address (documents only) on or before:

DATE AND TIME

2. (Civil Cases only) To be made available to the requesting party at:

LOCATION

for

TIME PERIOD

to permit such party or someone acting in his or her behalf to inspect and copy, test or sample such tangible things in your possession, custody or control. See reverse.

B. I further request that the custodian also appear in person before this Court at the date and time shown above in Paragraph A.1. with the items subpoenaed.

C. I certify that a copy has been mailed or delivered to counsel of record and/or, if any, to parties not represented by a lawyer.

D. (Criminal cases only) I certify under oath that the items to be produced are material to the proceedings and are in the possession of a person who is not a party to this case.

DATE

SIGNATURE PLAINTIFF DEFENDANT ATTORNEY FOR PLAINTIFF DEFENDANT

PRINT NAME

Sworn and subscribed before me on

My Commission expires

CLERK DEPUTY CLERK NOTARY PUBLIC

SUBPOENA DUCES TECUM

TO ANY AUTHORIZED OFFICER: You are commanded to serve this SUBPOENA DUCES TECUM on the Custodian. TO THE CUSTODIAN: You or someone acting in your behalf are commanded to produce the items described above, as requested above. If Paragraph B, above, is also checked, you are further commanded to appear in person before this court at the date and time shown above with the items subpoenaed by this subpoena duces tecum and to be ready to testify in response to questions concerning these items. Any objection to such production must be made promptly in writing to the Court.

WARNING: Failure to comply with the terms of this subpoena duces tecum may result in your being fined and/or jailed for contempt of court.

DATE

CLERK JUDGE MAGISTRATE

RETURN DATE

CASE NO.

SUBPOENA DUCES TECUM

COMMONWEALTH OF VIRGINIA
 CITY COUNTY TOWN OF

PLAINTIFF(S)

In re/V.

DEFENDANT(S)

CUSTODIAN

NAME

ADDRESS/LOCATION

REQUESTED ON BEHALF OF:

- COMMONWEALTH
- PLAINTIFF(S)
- CITY, COUNTY or TOWN
- DEFENDANT(S)
- JUVENILE

NOTICE:

Upon receipt of the subpoenaed documents, the requesting party must, if requested, provide true and full copies of those documents to any other party or to the attorney for any other party, provided the other party or attorney for the other party pays the reasonable cost of copying or reproducing those documents. This does not apply when the subpoenaed documents are returnable to and maintained by the clerk of the court in which the action is pending. Va. Code § 8.01-417

RETURNS: Each respondent was served according to law, as indicated below, unless not found.

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
<input type="checkbox"/> Being unable to make personal service, a copy was delivered in the following manner: <input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above. <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.) <input type="checkbox"/> Served on Secretary of the Commonwealth. <input type="checkbox"/> NOT FOUND	
SERVING OFFICER _____	
DATE	for _____
NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
<input type="checkbox"/> Being unable to make personal service, a copy was delivered in the following manner: <input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above. <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.) <input type="checkbox"/> Served on Secretary of the Commonwealth. <input type="checkbox"/> NOT FOUND	
SERVING OFFICER _____	
DATE	for _____

WAIVER OF JURISDICTION

Commonwealth of Virginia
Va. Code §§ 16.1-269.1(A), -270

Case No.

..... Juvenile and Domestic Relations District Court

In re:.....

I am 14 years of age or older and have been charged with the following offenses which if committed by an adult, would be felonies and could be punishable by confinement in a state correctional facility:

.....
A hearing adjudicating my case has not yet been held.

I understand that, pursuant to § 16.1-269.1(A), I have a right to a hearing to determine whether or not my case should be transferred to the Circuit Court for consideration by the Grand Jury of a criminal indictment or whether it should be adjudicated in this Court.

I have discussed my right to a transfer hearing with

....., my lawyer. With his consent, I hereby voluntarily waive my
NAME OF LAWYER

rights to such a hearing and waive this Court's jurisdiction over my case.

I request that this court transfer my case to the Circuit Court of

....., there to be dealt with in the same manner as if it had been
NAME OF CITY/COUNTY

transferred pursuant to Va. Code §§ 16.1-269.1 to -269.6.

.....
DATE

.....
JUVENILE'S SIGNATURE

I, the above-named lawyer, have discussed this waiver with my client and hereby agree and consent to his waiver.

.....
LAWYER'S SIGNATURE

NOTICE OF APPEAL - CIVIL

Commonwealth of Virginia VA. CODE §§ 16.1-106, 16.1-106.1, 16.1-107, 16.1-113, 16.1-298



General District Court
 Juvenile and Domestic Relations District Court

Virginia Beach
CITY OR COUNTY

DATE OF FINAL ORDER

I, the undersigned, note my appeal of the judgment of this court to the circuit court of this city or county.

My appeal is scheduled to be called for trial setting of trial date on _____
DATE AND TIME OF APPEARANCE
in the circuit court, located at _____

STREET ADDRESS OF CIRCUIT COURT

TELEPHONE NUMBER

I understand that I must contact the circuit court clerk's office for instructions for setting the trial date.
I understand that within 30 days, or within 10 days in an unlawful detainer case (except within 30 days in an unlawful detainer case against an indigent former owner based upon a foreclosure), of the entry of judgment, I must deliver to the Clerk of this Court:

- 1. \$ _____ for circuit court writ tax, costs, and fees for service of process, if applicable.
- and
- 2. (a) \$ _____ appeal bond with sufficient surety approved by the Judge or Clerk of this Court, cash deposit, bank check, or by draft from the escrow account of my attorney. The appeal bond must be written to indemnify the party in whose favor a judgment was rendered in this Court in the event that such party is awarded a judgment on appeal in circuit court;
- or (b) An order by the court finding that I am indigent for the purpose of appeal pursuant to Virginia Code § 16.1-107.

I also understand that I must pay the writ tax and costs if applicable and post the appeal bond within the applicable time period of the entry of judgment for the appeal in my case to be complete ("perfected"), and that my failure to do so within the applicable time period will result in the loss of my appeal rights. I further understand that the order or judgment which I am appealing remains in full force and effect if it involves a protective order, continuing programs pursuant to Virginia Code § 16.1-289.1 or other proceedings specified by law, until changed or annulled by the circuit court.

I also understand that if I am appealing an unlawful detainer for a residential dwelling unit, once the appeal in my case is complete ("perfected"), I am required to pay the rental amount in the rental agreement to the plaintiff on or before the 5th day of each month. I understand that if I do not pay, the circuit court judge is required, upon motion of the plaintiff and without a hearing, to enter judgment for the outstanding rent, late charges, attorney fees and any other charges due as of that date, subtracting any payments that I made as shown in court accounts or on a written affidavit submitted by the plaintiff, or the plaintiff's managing agent or attorney, and to enter an order for possession without any further hearings or proceedings. If this appeal is being made after the sheriff has served the notice of intent to execute a writ of eviction, you must notify the sheriff of this appeal.

I understand that if I am appealing a final order or judgment of a juvenile and domestic relations district court, I must serve a copy of the Notice of Appeal on the other party's attorney, or on the other party if that party does not have an attorney, on or before the day that I file this form. I understand that I can mail the copy, or I can deliver it (including by a commercial delivery service); send it by facsimile; or send it by email (if the other party agrees in writing to receive it by email). I will complete the Certificate of Service on the reverse side.

DATE APPEAL NOTED

APPELLANT:

PLAINTIFF/PETITIONER DEFENDANT/RESPONDENT

by _____
ATTORNEY FOR APPELLANT

NOTICE: Promptly communicate with the clerk of the circuit court of this jurisdiction concerning the subpoenaing of witnesses and, in an appeal of a final civil judgment, any need for interpreters, and if you wish to request a jury trial. Failure to appear in the circuit court at the designated date and time may result in the dismissal of your appeal.

WITHDRAWAL OF APPEAL: If this appeal is withdrawn within ten (10) days after entry of the judgment or order when no appeal bond or costs are required to perfect the appeal, or before being "perfected" by posting required appeal bond or paying required costs, no additional costs will be taxed against you. After ten (10) days or after the appeal is "perfected" by posting the required appeal bond or paying required costs, in accordance with § 16.1-106.1, any withdrawal of the appeal must occur in Circuit Court. Upon withdrawal of the appeal in Circuit Court, additional costs will be incurred and any cash bond posted to perfect the appeal may be disbursed.

CASE NO.

NOTICE OF APPEAL

PLAINTIFF/PETITIONER NAME (LAST, FIRST, MIDDLE)

v.

DEFENDANT/RESPONDENT NAME (LAST, FIRST, MIDDLE)

JUDGMENT DATE:

PLAINTIFF'S/PETITIONER'S ATTORNEY

Same as on Attached

DEFENDANT'S/RESPONDENT'S ATTORNEY

Same as on Attached

WITHDRAWAL

I, the undersigned, withdraw my appeal in this case.

DATE

APPELLANT

by _____
ATTORNEY FOR APPELLANT

Case No.

For use only for appeals of a final order or judgment from a juvenile and domestic relations district court:

CERTIFICATE OF SERVICE:

I certify that I provided a copy of this NOTICE OF APPEAL to by METHOD OF DELIVERY

on DATE ATTORNEY/OPPOSING PARTY/GAL METHOD OF DELIVERY

..... SIGNATURE

CERTIFICATE OF SERVICE:

I certify that I provided a copy of this NOTICE OF APPEAL to by METHOD OF DELIVERY

on DATE ATTORNEY/OPPOSING PARTY/GAL METHOD OF DELIVERY

..... SIGNATURE

CERTIFICATE OF SERVICE:

I certify that I provided a copy of this NOTICE OF APPEAL to by METHOD OF DELIVERY

on DATE ATTORNEY/OPPOSING PARTY/GAL METHOD OF DELIVERY

..... SIGNATURE

**REQUEST FOR VIRGINIA REGISTRATION OF A CHILD
CUSTODY AND/OR VISITATION DETERMINATION
FROM ANOTHER STATE**

Commonwealth of Virginia Va. Code § 20-146.26

Case No. _____

_____ Juvenile and Domestic Relations District Court

CITY/COUNTY

COURT ADDRESS

In re: _____
NAME OF CHILD WHO IS SUBJECT OF DETERMINATION TO BE REGISTERED DATE OF BIRTH OF CHILD

Name of Person Requesting Registration: _____

Address of Person Requesting Registration: _____

I allege under oath that the health, safety or liberty of a party or child would be jeopardized by disclosure of identifying information. Therefore, I request that this document be sealed pursuant to the provisions of subsection E of Virginia Code § 20-146.20 and the address above not be disclosed.

Name and Address of Persons other than the person requesting registration who have been awarded custody or visitation in the attached child custody and/or visitation determination:

NON-REGISTERING PARTY

OTHER INTERESTED PERSON

ADDRESS

ADDRESS

I request that the clerk of the above-named court register the attached certified child custody and/or visitation determination. Two copies (including at least one certified copy) of the child custody and/or visitation determination are attached.

I state, under penalty of perjury, that to the best of my knowledge and belief, the attached child custody and/or visitation determination has not been modified.

DATE

SIGNATURE OF REQUESTOR

Subscribed and sworn to before me this day by _____

DATE

 CLERK DEPUTY CLERK MAGISTRATE
 NOTARY PUBLIC: My Commission Expires: _____

**REQUEST FOR VIRGINIA REGISTRATION
OF NON-VIRGINIA SUPPORT ORDER**

Commonwealth of Virginia VA. CODE §§ 20-88.67, 20-88.72

Case No. _____

DCSE ID NO. _____

Juvenile and Domestic Relations District Court

CITY/COUNTY _____

COURT ADDRESS _____

Name and Address of Obligee: _____

Name and Address of Obligor: _____

Obligor DOB: _____

Obligor SSN: _____ Other Sources of Income: _____

Name/Address of Obligor's Employer: _____

Description /Location of Obligor's property within Virginia: _____

Support enforcement agency to whom support payments are to be remitted, if applicable: _____

I request that the clerk of the above-named court register the order described below for enforcement and/or modification.
Two copies (including at least one certified copy) of the order are attached.

As two or more orders are in effect, I am alleging the order below to be the controlling order.

TYPE OF ORDER

SUPPORT AMOUNT AND FREQUENCY

NAME OF COURT

DATE OF ENTRY

I am asserting the following orders to be in effect, in addition to the order described above that I allege to be the controlling order, as two or more orders are in effect. A copy of each order asserted to be in effect is attached.

TYPE OF ORDER (Support, Divorce, Income-Withholding, etc.)	SUPPORT AMOUNT AND FREQUENCY	NAME OF COURT AND DATE OF ENTRY
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

The amount of consolidated arrears is _____

I request a determination of which order is the controlling order.

DATE _____

SIGNATURE OF REQUESTING PARTY

OBLIGEE OBLIGOR SUPPORT ENFORCEMENT AGENCY

CERTIFICATION OF ARREARAGE

I swear or affirm that the total amount of the arrearage through _____ is \$ _____

SIGNATURE OF REGISTERING PARTY

I CERTIFY THAT I AM THE CUSTODIAN OF THE PAYMENT RECORD AND THAT THE TOTAL AMOUNT OF ARREARAGE THROUGH _____ IS _____

DATE _____

SIGNATURE/TITLE _____

State of _____

County of _____;

Subscribed and sworn to before me this _____ day of _____,

NOTARY REGISTRATION NUMBER _____

NOTARY PUBLIC

(My commission expires: _____)

CONFIRMATION ORDER

Pursuant to Va. Code §§ 20-88.71 through 20-88.73, the request for registration of the above-mentioned non-Virginia support order is:

Confirmed on court motion following the failure of the non-registering party to contest the validity or enforcement of such registered order within twenty (20) days of mailing or personal service of notice of registration.

Confirmed following a hearing for the purposes of

enforcement

modification.

Not confirmed because:

the issuing tribunal lacked personal jurisdiction over the contesting party;

the order was obtained by fraud;

the order has been vacated, suspended, or modified by a later order;

the issuing tribunal has stayed the order pending appeal;

there is a defense under the law of this Commonwealth to the remedy sought;

full or partial payment has been made;

the statute of limitations under § 20-88.69 precludes enforcement of some or all of the arrearages; or

the alleged controlling order is not the controlling order.

It appears to the court that the contesting party has presented evidence establishing a full or partial defense; therefore, enforcement of the registered support order is stayed, and the proceeding is continued to permit production of additional relevant evidence. It is further ordered as follows:

.....
.....
.....
.....

Any uncontested portion of the registered order may be enforced by all remedies available under the law of this Commonwealth, to-wit:

.....
.....
.....

.....
DATE

.....
JUDGE