

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

v.

PETITIONER

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:

- 1. [] 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.

- 2. [] 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
[]			
[]			
[]			
[]			

who resides at [] petitioner's address []

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

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

SAMPLE

and respondent

[]
[]
[]
[]

PERSON TO BE SUMMONED

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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

TYPE OF LICENSE AGENCY GRANTING LICENSE LICENSE NO.

[] Respondent
[] Petitioner

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

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).

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
[] Continuing support for a child who is (i) severely and permanently mentally or physically disabled; (ii) unable to live independently and support himself and (iii) resides in the home of the parent seeking support.
[] Support for a parent in necessitous circumstances [] in the amount of \$ per [] as determined by the court. TIME PERIOD

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 ophthalmologic (eye-related) services, 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. [] Require the Respondent to post a performance bond.

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:)