

PETITION FOR SUPPORT (CIVIL) Prince William County, 31st J & DR District Court
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)

____ CHECK HERE IF ANY PARTY TO THIS COURT PROCEEDING WILL NEED THE SERVICES OF AN INTERPRETER.
(LANGUAGE _____)

Petitioner's Name (*Recipient of Payment*)

v.

Respondent's Name (*Provider of Payment*)

Residential Address _____

Residential Address _____

Mailing address (if different) [**NO P.O.BOX**]

Mailing address (if different) [**NO P.O.BOX**]

Social Security No: _____

Social Security No: _____

Driver's License No. & State _____

Driver's License No. & State _____

Telephone # (h) _____

Telephone # (h) _____

(w) _____

(w) _____

(c) _____

(c) _____

Date of Birth: _____

Date of Birth: _____

Employer / Employer's address: _____

Employer / Employer's address: _____

CHECK AND FILL IN ONLY THE AREAS THAT APPLY TO YOUR SPECIFY CASE

THE UNDERSIGNED PETITIONER RESPECTFULLY REPRESENTS TO THE COURT [Check Appropriate Box(es)]

- 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 (date) _____ in (City/County and State) _____
- ____ That the respondent and petitioner were divorced on (date) _____ in (City/County and State) _____ (attach divorce decree)
- ____ 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 a child is a recipient of Medicaid or the Family Access to Medical Insurance Security Plan (FAMIS).

2. _____ That the child custody has been adjudicated. If so, attach a copy of 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 person(s):

| <u>Name</u> | <u>Social Security No.</u> | <u>Date of Birth</u> | <u>Relationship to Respondent</u> |
|-------------|----------------------------|----------------------|-----------------------------------|
| 1) _____ | | | |
| 2) _____ | | | |
| 3) _____ | | | |
| 4) _____ | | | |
| 5) _____ | | | |

Check One:

Who resides at _____ Petitioner's Address _____ Other—Provide Address: _____

4. Division of Child Support Enforcement _____ is _____ is not involved in this case.

5. That support of the named person(s) who are the subject(s) of this petition is a subject of controversy or requires determination because: The respondent has a duty of support for the above named person(s) and a determination of a proper amount is required by Section 16.1-241(A3)/16.1-241 (L) of the 1950 Code of Virginia, as amended.

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:

| | <u>Type of License</u> | <u>Agency Granting License</u> | <u>License No.</u> |
|-------------------------------------------|------------------------|--------------------------------|--------------------|
| <input type="checkbox"/> Respondent _____ | | | |
| <input type="checkbox"/> 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:

| <u>COURT ISSUING ORDER</u> | <u>STATE</u> | <u>EXPIRATION DATE</u> |
|------------------------------------|--------------|------------------------|
| PERSON(S) PROTECTED BY 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 child(ren) named in this petition (*paternity has not been previously established*)

| <u>Mother's Name</u> | <u>SSN</u> | <u>Maiden Name</u> | | |
|----------------------|------------|--------------------|-----|-------------------------------------------|
| Respondent's Name | SSN | Race | DOB | 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 (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 payee

____ to or through the Virginia Department of Social Services or its contractors.

E. ____ Provide in the order that the Respondent furnishes 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 dependent(s).

F. ____ Provide in the order that the parents share the cost of any reasonable and necessary unreimbursed medical or dental expenses in excess of \$250 for any calendar year 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