

MOTION AND NOTICE OF HEARING

Commonwealth of Virginia

[] General District Court

[] Juvenile & Domestic Relations District Court

.....
CITY OR COUNTY

.....
STREET ADDRESS OF COURT

I, the undersigned, respectfully move this Court to take the following action(s) in the case named at right

.....
for the following reasons:

.....
DATE OF MOTION

.....
APPLICANT'S TITLE

.....
APPLICANT'S SIGNATURE

NOTICE OF HEARING

TO:
RESPONDENT

A hearing will be held in this Court on m. on this motion.
HEARING DATE AND TIME

.....
DATE

[] CLERK

[] DEPUTY CLERK

It is hereby ORDERED that the motion is [] granted [] denied

.....
DATE

.....
JUDGE

HEARING DATE

CASE NO.

**MOTION AND
NOTICE OF HEARING**

[] Commonwealth of Virginia

[]

v./In re

DATE OF ORIGINAL JUDGMENT OR FINAL
HEARING

Service on Respondent type required:

[] Personal Service Only

[] Personal or Substituted Service Only

[] Mailed on
DATE

RETURNS: Each defendant 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	
..... for _____	
DATE	

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.	
.....	
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<input type="checkbox"/> Served on Secretary of the Commonwealth.	
<input type="checkbox"/> Not found	_____
SERVING OFFICER	
..... for _____	
DATE	