

**Using This Revisable PDF Form**

1. Copies
  - a. Original – to court.
  - b. First copy – to respondent. If more than one respondent, provide copies for each respondent.
2. Preparation - Motion portion and style of case prepared by applicant; remainder prepared by clerk or judge.
3. Attachments – none.
4. Preparation details
  - a. This form can be used in criminal, traffic, and civil cases.
  - b. Data Element No. 4 should be used to provide information (facts and legal arguments) justifying the action requested.
  - c. The applicant is the party requesting that the court take action.
  - d. The respondent is the other party or parties in the case.

MOTION AND NOTICE OF HEARING

Commonwealth of Virginia

1 [ ] General District Court
[ ] Juvenile & Domestic Relations District Court
CITY OR COUNTY

2 STREET ADDRESS OF COURT

I, the undersigned, respectfully move this Court to take the following action(s) in the case named at right 3

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

for the following reasons:

4
.....
.....
.....

5 DATE OF MOTION

6 APPLICANT'S TITLE

7 APPLICANT'S SIGNATURE

NOTICE OF HEARING

TO: 8 RESPONDENT

A hearing will be held in this Court on 9 m. on this motion. HEARING DATE AND TIME

10 DATE

11 [ ] CLERK [ ] DEPUTY CLERK

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

.....
DATE JUDGE

HEARING DATE 12 CASE NO. 13

MOTION AND NOTICE OF HEARING

[ ] Commonwealth of Virginia 14 [ ] .....

.....
.....

v./In re

15
.....
.....

DATE OF ORIGINAL JUDGMENT OR FINAL HEARING 16

Service on Respondent type required:

[ ] Personal Service Only 17 [ ] Personal or Substituted Service Only

[ ] Mailed on ..... DATE

**Data Elements, front**

1. Jurisdiction name. Check box for type of court.
2. Street address of court.
3. Describe action requested by the applicant to be taken by the court.
4. Provide reasons for requested action indicated in Data Element No. 3.
5. Date of signing of motion.
6. Title of party making the motion.
7. Signature of party making the motion.
8. Parties in case other than the person named in Data Element No. 10.
9. Date and time of hearing on motion.
10. Date of issuance of notice.
11. Signature of clerk or deputy clerk. Check box below signature to indicate title.
12. Same as Data Element No. 9.
13. Court case number.
14. Check box and, if applicable, insert name of complaining party.
15. Name and street address of defendant(s).
16. Date of entry of original judgment or final hearing in the case, if applicable.
17. Check the appropriate box, depending on type of case.

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
..... DATE	for .....

NAME..... <b>1</b>	
ADDRESS ..... <b>2</b>	
.....	
<input checked="" type="checkbox"/> PERSONAL SERVICE	Tel. No. ....
<input type="checkbox"/> Being unable to make personal service, a copy was delivered in the following manner: <b>4</b>	
<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. ..... <b>5</b>	
<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 checked="" type="checkbox"/> Not found	..... SERVING OFFICER
..... DATE	for ..... <b>9</b>

**Data Elements, *reverse***

1. Name of person to be summoned. If person is a corporation's registered agent, show name of corporation on second line.
2. Address and telephone number of person to be summoned.
3. Check this box if personal service obtained.
4. Serving officer to check the appropriate box to designate type of substitute service.
5. If served by leaving with a family member over age 16, check appropriate box and insert required information.
6. Check this box if unable to serve process.
7. Signature of serving officer.
8. Date of signature.
9. Name of sheriff if served by deputy sheriff.