

MOTION TO SET ASIDE DEFAULT JUDGMENT

Commonwealth of Virginia

VA. CODE § 8.01-428

[] General District Court

[] Juvenile & Domestic Relations District Court

.....
CITY OR COUNTY

.....
STREET ADDRESS OF COURT

I, the undersigned, move this court to set aside the default judgment in the civil case numbered
for

[] a fraud on the court. It has been two years or less since the date of the judgment or decree.

[] a void judgment.

[] an accord and satisfaction (attach proof).

[] the fact that the defendant, at the time of service or process or entry of the judgment, was in military
service of the United States for purposes of 50 U.S.C. app § 502 (attach proof).

This motion is based on the following facts and reasons

.....
DATE OF MOTION

.....
APPLICANT'S SIGNATURE

.....
PRINT NAME OF APPLICANT

.....
TITLE OF APPLICANT

NOTICE OF HEARING

TO:
RESPONDENT

Take notice that a hearing will be held in this Court on

..... m. on this motion.
DATE AND TIME

.....
DATE

.....
[] CLERK [] DEPUTY CLERK

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

.....
DATE

.....
JUDGE

HEARING DATE

CASE NO.

**MOTION TO SET ASIDE
DEFAULT JUDGMENT**

.....
PLAINTIFFS

.....
v./In re

.....
DEFENDANTS

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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DATE	