MEDIATION CUDDODT ACDEEMENT (DATED		This Court's Case No.			
<b>MEDIATION SUPPORT AGREEMENT</b> (DATED Commonwealth of Virginia		DCSE ID No			
[ ] Juver	nile and Domest	ic Relations District Co	urt [] Circuit Court		
STR	REET ADDRESS OF COU				
Petitioner:	v.	Respondent:			
[ ] Identifying information not provided for good cause shown Residential Address:		[ ] Identifying informa Residential Address:	tion not provided for good cause shown		
Residential Telephone No.:		Residential	Telephone No.:		
Mailing Address if Different:		Mailing Address if Different:			
Social Security No. (last 4 digits only): Driver's Lic. No. & State: Date of Birth:		Social Security No. (last 4 digits only): Driver's Lic. No. & State: Date of Birth:			
Employer:		Employer:			
Address:		Address:			
Telephone No.:		Telephone No.:			
<b>PRESENT:</b> [] Petitioner       [] Attorney/ Guardian Ad Litem         [] Respondent       [] Attorney/ Guardian Ad Litem		[ ] DCSE Represent [ ] Guardian Ad Lit	tative [ ] Attorney for DCSE em for child(ren) [ ] Mediator		
[] The parties agree that [] this (these) dependents [] a parent NAME         SOC. SEC. # (last 4 digits only)	of the Responde SEX	nt in necessitous circun DATE OF BIRTH	nstances: RELATIONSHIP TO RESPONDENT		
·····					
is (are) entitled to support from the Respondent, and that the Respondent to pay:	ondent is chargea	ble with support as alle	eged in the petition.		
[ ] \$ per month CURRENT CHII					
[ ] \$ per month CURRENT CHII children as follows:	LD SUPPORT e	ffective	divided among the above-listed		
\$ for		\$	for		
\$ for			for		
[ ] \$ per month CURRENT SPO	USAL SUPPOR	T effective			
[ ] \$ per month COMBINED CH	ILD-SPOUSAL	(UNITARY) SUPPOR	RT effective		
[ ] \$ per month SUPPORT FOR a	A PARENT effe	ctive			
	[] \$ per month PAYMENT TOWARDS ARREARAGES OF \$				
OTAL \$ per month payable, first payment due on the 1 <sup>st</sup> day of					
is due on the 1 <sup>st</sup> day of each month thereafter. Payments ma					
<b>On</b>		FA I MENT	INTERVAL		
All support paid shall be credited to current support first and the	e remainder sha	ll be credited to arrear	rages.		

Child support shall terminate on a child's eighteenth birthday; however, support shall continue for any child who is over the age of eighteen and (i) a full-time high school student, (ii) not self-supporting and (iii) living in the home of the parent receiving child support, until the child reaches the age of nineteen or graduates from high school, whichever occurs first; and if any arrearages for child support, including interest or fees, exist at the time the youngest child emancipates, payments shall continue in the total amount due until all arrearages are paid. If the above current child support is not divided per child, the ordered amount cannot be changed except by a court.

[] Support for , a child whom the court has determined (i) is severely and permanently mentally

Name of Child or physically disabled, and such disability existed prior to the child reaching the age of 18, or the age of 19 if the child was a full-time high school student, not self-supporting and living in the home of the parent seeking or receiving child support; (ii) is unable to live independently and support himself and (iii) residing in the home of the parent seeking support.

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#### **ARREARAGES:**

#### [ ] No arrearages exist as of .....

[ ] \$ ..... child support arrearage owed by Respondent.

- [ ] \$ .....spousal support arrearage owed by Respondent.
- [ ] \$ ..... unitary (child/spousal) support arrearage owed by Respondent.

## [ ] \$ ...... total SUPPORT arrears owed by Respondent [ ] with interest included [ ] without interest included

- [] arrears include an assessment from the effective date of this order to the first payment due date.
- [] This total includes TANF debt or other public funds paid prior to the effective date of this order of \$ .....
  - for ..... months.

These arrearages are calculated as of the date of this Agreement including support owed for the current month. This amount does not include

payments made after	/	_/	, and respondent	shall be credite	ed for any p	payments made	thereafter.	Interest shall	continue to accrue
on unpaid arrearages at	the jud	gment r	rate unless the pe	titioner, in a w	riting subm	nitted to the cou	irt, waives t	he collection	of interest.

## **PAYMENT:** Payment shall be made payable to:

[] Petitioner at the address shown in the beginning of the Agreement.

The parties shall give the court at least 30 days written notice, in advance, of any proposed change of residential and, if different, mailing address and of any change of telephone number within 30 days of the change. Respondent is required to keep the court informed of the name, address, and telephone number of his/her current employer, and must inform the court in writing of any change in employment status or if Respondent has filed a claim for or is receiving benefits under Title 60.2 (unemployment compensation) within 30 days of the change or filing.

- [] Treasurer of Virginia and sent to Virginia Department of Social Services, Division of Child Support Enforcement, P.O. Box 570,
  - Richmond, Virginia 23218-0570 unless otherwise instructed by that agency or this Court and shall contain the following:
    - 1. Check or money order made payable to the Treasurer of Virginia.
    - 2. Print on the check or money order:
      - Your name and social security number
      - Petitioner's name as shown on the first page of this agreement

• The DCSE ID No. shown on the first page of this agreement. If no such number is shown, use this Court's name and case

number as shown on the front page of this agreement until that number is sent to you; then start using the DCSE ID No. The parties shall give the Virginia Department of Social Services and the court, at least 30 days written notice, in advance, of any proposed change of residential and, if different, mailing address and of any change of telephone number within 30 days of the change. Respondent is required to keep the Virginia Department of Social Services and the court informed of the name, address and telephone number of his/her current employer, and must inform the Virginia Department of Social Services in writing of any change in employment status or if Respondent has filed a claim for or is receiving benefits under Title 60.2 (unemployment compensation) within 30 days of the change or filing.

[] The parties shall also give each other at least 30 days written notice, in advance of any change of residential and, if different, mailing address and of any change in telephone number within 30 days after the change.

## HEALTH CARE PROVISIONS:

- [] Respondent [] Petitioner shall provide health care coverage for the [] child(ren) [] spouse and shall deliver the document necessary for the use of such coverage by the dependents
- [] Respondent [] Petitioner shall provide dental care coverage for the [] child(ren) [] spouse and shall deliver the document necessary for the use of such coverage by the dependents
- [] Respondent [] Petitioner shall provide vision care coverage for the child(ren) and shall deliver the document necessary for the use of such coverage by the dependents.
- [] Respondent [] Petitioner presently has health care coverage and shall maintain it [] or comparable coverage [] as long as eligible.

Health Insurance Provider ...... Policy name .....

Name of Policy Holder

In the event of any change in health insurance, the responsible party is required to notify the opposing party of the change. The responsible party shall inform the Virginia Department of Social Services, if support payments are ordered to be paid through the Virginia Department of Social Services, or the opposing party, if support payments are ordered to be paid directly to the opposing party, of any changes in the availability of the health care coverage for the minor child or children.

- [] The parties agree that "health care coverage" as defined by the statute is not available at "reasonable cost" as defined by statute, and therefore, the parties agree that neither the Respondent nor the Petitioner will be required to provide health care coverage.
- [] Any reasonable and necessary unreimbursed medical and dental expenses for each child covered by this agreement shall be paid in the

following manner: ...... % Respondent ...... % Petitioner.

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# MEDIATION SUPPORT AGREEMENT

MEDIATION SUPPORT AGREEMENT		Case No
[] Reasonable and necessary unpaid expenses of the moth	her's pregnancy and delivery of a child	l born during the 6 months before this
initial child support proceeding was commenced, [ ] a	and expenses required under Va. Code	§ 20-49.8, of \$ are
<ul> <li>[ ] ordered to be paid% by Respond cause shown or the parties' agreement.</li> <li>[ ] Respondent [ ] Petitioner agree to execute the appropriate the statement of the participation o</li></ul>	-	
dependency exemption and any credits resulting from		
for	· ·	
CHILD OR CHILDREN [ ] A license, certificate, registration or other authorization issued by the Commonwealth of Virginia is held by TYPE OF LICENSE		
Respondent		
Petitioner		
Upon a delinquency of a support payment for a period suspension of any license, certificate, registration or ot recreational activity issued by the Commonwealth. Vi	ther authorization to engage in a profes	
[] Withholding from income will be ordered payable thro order or [] administrative order for income withholdi	ng.	
[] Immediate withholding from income will not be ordered. The parties further agree that:	ed, pursuant to this written agreement	between the parties.
<ul> <li>[] sole and shared [] split and shared. A copy of the</li> <li>[] The parties agree to a child support amount that is different incorporated in this agreement, for the following reaso</li> </ul>	Ferent than the amount based on the chi	
[] The Respondent is also required to post with the Clerk	a recognizance pursuant to § 20-114 of	of \$ with/without surety.
[ ] The Respondent shall also pay: \$		
\$ If arrearage amount equals or exceeds 3 months owed, 278.18, and may be ordered pursuant to § 20-78.2.	attorneys' fees to the Petitioner's att reasonable attorneys' fees must be or	
Mediation conducted by:		RE OF MEDIATOR DATE
<b>UNDERSTANDING AND DISCLOSURE:</b> The parties agree that the terms and conditions set forth in the property and financial information. The parties further und by independent legal counsel prior to signing it or have choos of record may not waive the opportunity to have this agree agreement be incorporated into the order for support which law.	this agreement are the result of full and derstand that they have the opportunity osen to waive the opportunity to do so. ment reviewed by legal counsel. The p	d substantial disclosure of all relevant to have this Mediation Agreement reviewed <b>Notice:</b> Any party who has legal counsel parties understand and request that this
DATE PETITIONER	DATE	RESPONDENT
SEEN: (if represented by counsel)		
× 1 - J		

DATE	ATTORNEY FOR PETITIONER	DATE	ATTORNEY FOR RESPONDENT
DATE	ATTORNEY FOR DCSE		

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