

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to be retained by parties after filing with court.
 - c. Additional copies as dictated by local practice. (Inquire with clerk’s office.)
2. Prepared by petitioner(s).
3. Attachments – documents petitioner deems appropriate.
4. Preparation details – none.

**PETITION FOR PROCEEDING IN CIVIL CASE
WITHOUT PAYMENT OF FEES OR COSTS**

Case No. 1

COMMONWEALTH OF VIRGINIA VA.CODE §§ 16.1-69.48:4; 17.1-606

2 Juvenile & Domestic Relations District Court
 Circuit Court General District Court

3 v. _____

The undersigned petitioner(s) request the court to permit the petitioner(s) to sue or defend a civil case in this court without the payment of fees or costs and to have from all officers all needful services and process. In support of the petition, the petitioner(s) state that the following information is true:

4 I currently receive the following type(s) of public assistance in _____ CITY/COUNTY
 TANF \$ _____ Medicaid Supplemental Security Income \$ _____
 SNAP (food stamps) \$ _____ Other (specify type and amount) _____

5 I currently do not receive public assistance.
Names and address of employer(s) for myself and spouse:

Self 6
Spouse 6

NET INCOME:

	Self	Spouse	
Pay period (weekly, every second week, twice monthly, monthly) .....	.....	<u>7</u>	.....
Net take home pay (salary/wages, minus deductions required by law)	\$	<u>8</u>	.....
Other income sources (please specify)	\$	<u>9</u>	.....
	TOTAL INCOME	\$ <u>10</u> + <u>10</u>	= COURT USE ONLY <u>11</u> A

ASSETS:

Cash on hand	\$	<u>12</u>	.....
Bank Accounts at: <u>13</u>	\$	<u>13</u>	.....
Any other assets: (please specify) _____			
_____ <u>14</u> _____ with a value of	\$	<u>14</u>	.....
Real estate - \$ _____ <u>15</u> _____ NET VALUE	\$	<u>15</u>	.....
_____ <u>16</u> _____ with net value of	\$	<u>16</u>	.....
Motor Vehicles { _____ <u>16</u> _____ with net value of	\$	<u>16</u>	.....
Other Personal Property: (describe) _____ <u>17</u>	\$	<u>17</u>	.....
	TOTAL ASSETS	\$ <u>18</u>	= COURT USE ONLY <u>19</u> B

20 Number in household I have financial responsibility for, including myself.

EXCEPTIONAL EXPENSES (Total Exceptional Expenses of Family)

Medical Expenses (list only unusual and continuing expenses)	\$	<u>21</u>	.....
Court-ordered support payments/alimony	\$	<u>22</u>	.....
22 <input type="checkbox"/> deducted from paycheck <input type="checkbox"/> not deducted from paycheck			
Child-care payments (e.g. day care)	\$	<u>23</u>	.....
Other (describe):	} \$	<u>24</u>	.....
	TOTAL EXPENSES	\$ <u>25</u>	= COURT USE ONLY <u>25</u> C
	COLUMN "A" plus COLUMN "B" minus COLUMN "C" equals available funds	=	<u>26</u>

Data Elements, page one

1. Case number.
2. Court name.
3. Style of case.
4. If receiving public assistance, check and insert name of city or county and, if receiving aid from another state or the District of Columbia, insert the name of such state or the District of Columbia. Also check the applicable boxes and, if applicable, complete the blank lines.
5. If not receiving public assistance, check this box.
6. Names and addresses of employers of the person seeking to proceed in a civil case without payment of fees and costs and of the spouse of such person.
7. Description of interval between pay periods (weekly, every two weeks, twice monthly, monthly).
8. **Annual** net take-home pay.
9. Describe other income sources and total **annual** amounts.
10. Total of Data Element Nos. 8 and 9.
11. Total of both columns of Data Element No. 10.
12. Amount of cash in the immediate possession of the applicant and his spouse.
13. Amount of funds in checking or savings accounts, whether in a bank, savings and loan, credit union or other similar financial institution. List name of institution.
14. Describe other assets readily convertible to cash and total value of such items.
15. Show total net value (fair market value less all debts secured by deed of trust or lien) of all real estate owned by the applicant and his or her spouse.
16. Show year, make, model and net value (current sale price less debts and other liens secured by the automobile).
17. Describe all personal property readily convertible to cash and its fair market value. Exclude property exempt from attachment.
18. Total of Data Element Nos. 12 through 17.
19. Total of both columns of Data Element No. 18.
20. Total number of individuals in household for whom petitioner has financial responsibility, including petitioner.
21. Amount of unusual, continuing medical expenses, if applicable to applicant's family.
22. Amount of all court-ordered support and/or alimony (spousal support). Check appropriate box to indicate if deducted or not deducted from paycheck.
23. Amount of child care expenses, if any.
24. Amounts and descriptions of all other exceptional expenses.
25. Total amount of all such exceptional expenses.
26. Total of Data Element No. 11 plus Data Element No. 19 minus Data Element No. 25.

Data Elements, page 2

1. Date of acknowledgment.
2. Signature of petitioner.
3. Printed name of petitioner.
4. Residence address of petitioner.
5. Signature of petitioner, if applicable.
6. Print name of petitioner, if applicable.
7. Residence address of petitioner, if applicable.
8. Check box if petition is granted. Insert additional information on dotted line provided.
9. Check box if petition is denied. Insert additional information on dotted provided.
10. Date signed by judge.
11. Signature of judge.