

**WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)**

Commonwealth of Virginia VA. CODE § 16.1-79

..... General District Court  
CITY OR COUNTY

.....  
STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).  
TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on  
..... to answer the Plaintiff(s)' civil claim (see below)  
RETURN DATE AND TIME

.....  
DATE ISSUED [ ] CLERK [ ] DEPUTY CLERK [ ] MAGISTRATE

**CLAIM:** Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of  
\$ ..... net of any credits, with interest at ..... % from date of ..... until paid,  
\$ ..... costs and \$ ..... attorney's fees with the basis of this claim being  
[ ] Open Account [ ] Contract [ ] Note [ ] Other (EXPLAIN)

.....  
HOMESTEAD EXEMPTION WAIVED? [ ] YES [ ] NO [ ] cannot be demanded

.....  
DATE [ ] PLAINTIFF [ ] PLAINTIFF'S ATTORNEY [ ] PLAINTIFF'S EMPLOYEE/AGENT

**CASE DISPOSITION**

JUDGMENT against [ ] named Defendant(s) [ ] .....  
for \$ ..... net of any credits, with interest at ..... % from date  
of ..... until paid, \$ ..... costs and \$ ..... attorney's fees

[ ] and \$ ..... costs for Servicemember Civil Relief Act counsel fees  
HOMESTEAD EXEMPTION WAIVED? [ ] YES [ ] NO [ ] CAN NOT BE DEMANDED

[ ] JUDGMENT FOR [ ] NAMED DEFENDANT(S) [ ] .....

[ ] NON-SUIT [ ] DISMISSED .....

Defendant(s) Present: [ ] NO [ ] YES .....

.....  
DATE JUDGE

CASE NO.  
.....  
PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)  
.....  
ADDRESS  
.....  
.....  
.....  
**V.**  
.....  
DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)  
.....  
ADDRESS  
.....  
.....  
.....

**WARRANT IN DEBT**

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.  
[ ] To dispute this claim, you must appear on the return date to try this case.  
[ ] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars .....  
ORDERED DUE  
Grounds of Defense .....  
ORDERED DUE

ATTORNEY FOR PLAINTIFF(S)  
.....  
.....

ATTORNEY FOR DEFENDANT(S)  
.....  
.....

**HEARING DATE AND TIME**  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

JUDGMENT PAID OR SATISFIED PURSUANT TO ATTACHED NOTICE OF SATISFACTION.  
.....  
DATE  
.....  
CLERK

**DISABILITY ACCOMMODATIONS**  
for loss of hearing, vision, mobility, etc., contact the court ahead of time.

**RETURNS: Each defendant was served according to law, as indicated below, unless not found.**

NAME .....	
.....	
ADDRESS .....	
.....	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. ....
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. ....
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	

NAME .....	
.....	
ADDRESS .....	
.....	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. ....
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.....	
<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	

**OBJECTION TO VENUE:**

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on	
.....	.....
DATE	<input type="checkbox"/> Plaintiff
	<input type="checkbox"/> Plaintiff's Atty.
	<input type="checkbox"/> Plaintiff's Agent
Fi. Fa. issued on .....	
Interrogatories issued on: .....	
Garnishment issued on .....	
.....	