

Petitioner(s): _____

Respondent(s): _____

Appointment Date and Time: _____

If you need to reschedule or cancel your appointment, please contact us at **540-722-7960**. If you call after hours, please feel free to leave a message.

- All paperwork needs to be completed in **black ink**. This completed packet is to be returned to the Intake Officer in the Juvenile Probation Office at the time of your appointment. Incomplete paperwork may result in having to reschedule your appointment. Please be advised that in the event you are more than 15 minutes late, your appointment may be rescheduled.
- You are the Petitioner and the other party is the Respondent.
- Please do not sign or date the documents until you are here for the appointment and before the Intake Officer.
- There will be a \$25.00 filing fee due on the date of the appointment, payable at the Clerk's office at the time of filing. A fee waiver application can be completed if needed at the time of the appointment.
- A Post Office Box is not satisfactory; you must have the exact physical address for all parties, including both parents. In the event that you need to keep your address confidential, you will be able to complete a Non-Disclosure form at the time of the appointment. It is very important to have everyone's Date of Birth and Social Security Number (if possible).
- If you are receiving services from the Division of Child Support Enforcement, please bring all paperwork, especially your case number.
- Please try not to bring your children with you because it can be trying for all parties and could extend the length of the appointment.
- **This office cannot provide you with legal advice.** If you are unable to complete this paperwork due to a disability, please let us know.

AFFIDAVIT

(To be completed and filed with any petition regarding Child Custody, Visitation, Support, Health Care and/or Paternity)

Petitioner Information:

Name: _____ Interpreter Needed

Current Address: _____

Telephone: _____ Work or Alternate Telephone: _____

Date of Birth: _____ Place of Birth (State or Country): _____

SSN: _____ Email Address: _____

Sex: Male Female Race: Asian Black Hispanic Indian White Other: _____

Respondent Information:

Name: _____ Interpreter Needed

Current Address: _____

Telephone: _____ Work or Alternate Telephone: _____

Date of Birth: _____ Place of Birth (State or Country): _____

SSN: _____ Email Address: _____

Sex: Male Female Race: Asian Black Hispanic Indian White Other: _____

Petitioner asks the Court to enter an Order addressing:

Custody Visitation Support Health Care Paternity

Child/Children Information:

Name: _____ DOB _____ SSN _____ State of Birth _____
Sex: Male Female Race: Asian Black Hispanic Indian White Other: _____

Name: _____ DOB _____ SSN _____ State of Birth _____
Sex: Male Female Race: Asian Black Hispanic Indian White Other: _____

Name: _____ DOB _____ SSN _____ State of Birth _____
Sex: Male Female Race: Asian Black Hispanic Indian White Other: _____

Name: _____ DOB _____ SSN _____ State of Birth _____
Sex: Male Female Race: Asian Black Hispanic Indian White Other: _____

Child/Children are currently residing with _____
and living at (address) _____

Petitioner's relationship to child/children is _____

Respondent's relationship to child/children is _____

Paternity:

Was the Petitioner ever married to the Respondent? YES NO

If yes, what was the date and location of marriage: _____

Current Status of the marriage: Married Divorced Separated

Has Paternity of the child/children been established? YES NO

Was there an acknowledgment of Paternity signed at the hospital? YES NO

If yes, please bring a copy of the acknowledgment to your appointment.

Is the alleged father listed on the birth certificate? YES NO

If yes, please bring a copy of the birth certificate to your appointment.

Has there been a DNA test to determine Paternity? YES NO

If yes, please bring a copy of the DNA results.

Previous Addresses of the Child: Please list the previous addresses where the child has resided for the past five years:

From: _____ To: _____ Address: _____
Person with whom child resided _____

From: _____ To: _____ Address: _____
Person with whom child resided _____

From: _____ To: _____ Address: _____
Person with whom child resided _____

From: _____ To: _____ Address: _____
Person with whom child resided _____

From: _____ To: _____ Address: _____
Person with whom child resided _____

Have you participated either as a party or a witness to any previous court proceeding concerning custody/visitation of this child/children? No Yes (If yes, please bring a copy of the finding of the Court.)

Do you have any knowledge of a pending matter before the Court regarding this child (protective order, custody/visitation, support, etc.)? No Yes (If yes, please provide copies of the pending matters.)

The above information is true and correct to the best of my knowledge.

Date: _____ AFFIANT: _____

Sworn to and subscribed to before me this _____ day of _____, 20__.

Intake Officer

26TH District Juvenile & Domestic Relations District Court
FINANCIAL STATEMENT

Docket No. _____
DCSE No. _____

Name (First, Middle, Last): _____
DOB: _____ Social Security Number: _____
Residence Address: _____
Mailing Address (if different): _____
Telephone No.: (____) _____ Driver's License Number _____ State _____
Employer's Name, Address and Telephone Number: _____

How long have you been employed there? _____

Do you have a state license to engage in a trade, profession, occupation, business or commercial driver's license? Yes No If yes, what kind? _____
State License Number _____ State _____

BUREAU OF VITAL STATISTICS INFORMATION

Your maiden name (if applicable): _____
Your Place of Birth: _____ Race: _____
Child's Name: _____ DOB: _____
Child's Place of Birth: _____ Sex: Male Female SSN: _____

INCOME

(1) WAGE: Rate per hour \$ _____ Avg. hours per week _____
Overtime rate per hour \$ _____ Avg. OVERTIME hours per week _____
TOTAL GROSS SALARY PER MONTH \$ _____
(How calculated: Rate per hour x 52 weeks ÷ 12 months = Gross Per Month)

SALARY: Gross salary per pay period \$ _____
TOTAL GROSS SALARY PER MONTH \$ _____
(How calculated: Yearly Salary ÷ 12 months = Gross Per Month)

(2) MONTHLY INCOME (OTHER THAN EMPLOYMENT), type (circle one): Rent Income, Disability, Social Security, Trust Income, Interest/Dividends, Business Income (business expense may be deducted from gross receipts), Other: _____

AVERAGE MONTHLY INCOME \$ _____
TOTAL GROSS INCOME PER MONTH \$ _____
(How calculated: Gross Salary Per Month + Other Income = Total Gross Income Per Month)

PAY PERIOD (check one): Wkly Mthly Every 2 Wks Semi-Mthly (24 times per year) ...
Next pay period is (day of week and date) _____

CONTRIBUTION

Expenses you now pay for children named in this legal action.

Babysitting/Daycare per Month: _____

Health Insurance Premium per Month child(ren) only: _____

Extraordinary Medical Costs per Month, see below: _____

Extraordinary Medical Costs for children named in this legal action. These are uninsured medical costs, in excess of \$250.00 per year. Describe illness, condition, doctor, etc.: _____

TOTAL CONTRIBUTION PER MONTH \$ _____

SUPPORT & CONTRIBUTION for other children not named in this legal action

Deductions for Variance: You are entitled to a variance in the mandatory guideline amount of child support for support you contribute to your other children, or a parent. These must be your children, not stepchildren.

NAMES AND DATE OF BIRTH: _____

Children listed above live with you and you provide support: Yes No

Court Ordered Child Support per Month..... \$ _____

Health Insurance Premiums Ordered by Court, per Month..... \$ _____

Actual Cash Payment per Month..... \$ _____

Other (See Section §20-108.1, Code of Virginia)..... \$ _____

TOTAL DEDUCTIONS PER MONTH: \$ _____

Sworn to as true and correct to the best of my knowledge.

DATE: _____

Sworn and subscribed to before me on above date: _____

Judge Clerk Deputy Clerk Notary Public