

**AFFIDAVIT (Protective Order)**

Petitioner's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Interpreter Needed?  Yes  No for: \_\_\_\_\_

What is your relationship to the Respondent?

Spouse  Former Spouse  Child in Common  Cohabit or Cohabitate  Other: \_\_\_\_\_

Length of Time of relationship: \_\_\_\_\_

Length of Time living together: \_\_\_\_\_

List names, date of birth of the *children in your custody*:

Name	Date of Birth	Sex	Respondent Parent?	Race
_____	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Who has physical custody of the child(ren) at this time? \_\_\_\_\_

**I. COMPLAINT**

Were alcohol or drugs a factor in this incident?  Yes  No  Don't Know

Did you obtain, or attempt to file, a criminal warrant for this complaint?  Yes  No

If not, why? \_\_\_\_\_

**I. ACT OF FORCE OR VIOLENCE**

Date of Incident: \_\_\_\_\_

Describe in details, providing dates and types of abuse, acts of force or violence against you (hit, strike, punch, kick, push, shove, slap, choke, forceful detention)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. THREAT OF SERIOUS BODILY HARM

When did this occur? \_\_\_\_\_

Describe exactly what was SAID – try to use the Respondent’s own and exact words: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV. PAST INCIDENT(S)

Have similar incidents occurred before?  Yes  No. Describe incidents with date(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has Respondent been convicted of any crimes including traffic?  Yes  No  Don't Know. If "yes", list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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V. SPECIFIC PRAYERS...Continue to Page 3 and complete.

**YOU MUST APPEAR AT ALL HEARING DATES!!!**

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

Date \_\_\_\_\_

\_\_\_\_\_ PETITIONER

by \_\_\_\_\_

PETITIONER'S ATTORNEY

Attorney's Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

worn to/affirmed and signed before me this day.

Date \_\_\_\_\_

Intake Officer  Court Clerk

OR NOTARY PUBLIC'S USE ONLY:

State of \_\_\_\_\_  City  County of \_\_\_\_\_

acknowledged, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Registration Number \_\_\_\_\_

Notary Public (My commission expires: \_\_\_\_\_)

V. **SPECIFIC PRAYERS** Check below what actions you wish the Court to take.

Prohibiting further acts of family abuse.

Granting the Petitioner possession of the premises occupied by Petitioner and Respondent to the exclusion of the Respondent. This residence is located at \_\_\_\_\_

\_\_\_\_\_ Ownership/Rental Agreement: \_\_\_\_\_

Prohibiting the Respondent from terminating  requiring that the Respondent restore necessary utility service(s) to the premises indicated above specifically, \_\_\_\_\_

Granting the Petitioner temporary exclusive possession or use of a motor vehicle jointly owned by the parties or owned by the Petitioner alone, described as follows: \_\_\_\_\_

Requiring that the Respondent provide suitable alternative housing for the Petitioner  and other family or household members as follows: \_\_\_\_\_

Requiring the Respondent to pay deposit(s) to connect or restore necessary utility service(s) in the alternative housing, specifically, \_\_\_\_\_

Prohibiting such other contact with the Petitioner as the judge deems appropriate.

Prohibiting such other contact with the following family or household members as the judge deems necessary to protect their safety: Please provide on Form DC-621, NON-DISCLOSURE ADDENDUM, the date of birth, gender and race for each family or household member listed.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Granting temporary custody or visitation of a minor child or children to Petitioner (UCCJEA affidavit attached).

Provide temporary support for minor children.

Other relief necessary for protection \_\_\_\_\_

THIS IS CONFIDENTIAL INFORMATION

NON-DISCLOSURE ADDENDUM

Commonwealth of Virginia

Case No. \_\_\_\_\_

PROTECTIVE ORDER

IN PROTECTIVE ORDER CASES, THIS INFORMATION SHALL NOT BE RELEASED EXCEPT BY COURT ORDER OR WHEN NECESSARY FOR USE BY LAW ENFORCEMENT.

UCCJEA AFFIDAVIT

IN CASES IN WHICH A UCCJEA AFFIDAVIT IS REQUIRED AND A PERSON REQUESTS THAT INFORMATION BE KEPT CONFIDENTIAL, THIS INFORMATION SHALL NOT BE RELEASED EXCEPT BY ORDER OF THE COURT.

PETITION FOR SUPPORT  MOTION TO AMEND  MOTION FOR SHOW CAUSE

IN SUPPORT CASES WHERE A PERSON REQUESTS THAT INFORMATION BE KEPT CONFIDENTIAL, THE INFORMATION SHOULD NOT BE RELEASED EXCEPT BY ORDER OF THE COURT.

**SHERIFF/PROCESS SERVER: THE INFORMATION CONTAINED IN THIS DOCUMENT IS CONFIDENTIAL AND MAY NOT BE DISCLOSED TO THE PARTIES OR TO THE PUBLIC.**

re: \_\_\_\_\_  
CHILD  
\_\_\_\_\_ V. \_\_\_\_\_

NAME AND ADDRESS OF PERSON WHOSE INFORMATION IS TO BE PROTECTED  
\_\_\_\_\_  
\_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

WORK TELEPHONE NUMBER \_\_\_\_\_

**PROTECTIVE ORDER CASES ONLY** Information for each protected person or each person requested to be protected.

NAME (LAST, FIRST, MIDDLE)	DOB	RACE	SEX

**PROTECTIVE ORDER CASES ONLY** Va Code § 20-60.3 Include this information for the person whose information is to be protected.

IDENTIFICATION No. \_\_\_\_\_ Driver's License No. and State: \_\_\_\_\_  
Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**UCCJEA AFFIDAVIT USE ONLY** Va Code § 20-146.20E

In addition to above, complete only the information that has been omitted from the DC-620, AFFIDAVIT form:

The child presently resides at: \_\_\_\_\_

The child commenced residing there on \_\_\_\_\_ ADDRESS \_\_\_\_\_ and has resided there continuously to this date.

DATE \_\_\_\_\_  
The other places where and persons with whom this child has lived during the last five (5) years include:

Name and address of a person who is not already named as a party in this proceeding who has physical custody of this child or who claims to have custody or visitation rights with respect to the child. The name and address of that person is:

Nothing else from the affidavit not contained above:

*The Shelter  
for Abused Women*

The Laurel Center  
<http://thelaurelcenter.org>

P.O. Box 14  
Winchester, VA 22604  
540-667-6466 phone  
540-667-0138 fax

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**HELP WITH COURT IS AVAILABLE, PLEASE READ**

Protective Order Voluntary Disclosure Form

Under Virginia law, courts must keep your address and telephone number confidential. By signing this form, you can authorize the Court to release your contact information (as provided below) to THE LAUREL CENTER.

THE LAUREL CENTER can give you information and help regarding your upcoming Protective Order Hearing, provide court advocacy and support services, and make appropriate referrals to other agencies, such as Blue Ridge Legal Services, Inc. that can offer you help.

WAIVER

I am providing the contact information below to be used solely for the purpose of enabling THE LAUREL CENTER to provide me with information and support services, and upon my request, to refer me to other agencies which may be able to help me.

By signing this form, I acknowledge that I am under no obligation to provide the information below, and that I am doing so voluntarily.

Your Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Person Who Protective Order is Against: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This information will be kept CONFIDENTIAL and will be provided only to THE SHELTER FOR ABUSED WOMEN (unless further disclosure from the Shelter to other agencies is specifically authorized by me in writing).**

**ADDENDUM – PROTECTIVE ORDER**

Commonwealth of Virginia Va. Code §§ 16.1-253, 16.1-253.1, 16.1-253.4, 16.1-279.1, 19.2-152.8, 19.2-152.9, 19.2-152.10  
 (For VCIN Entry)

Case No. \_\_\_\_\_  
 General District Court     Circuit Court  
 Juvenile and Domestic Relations District Court

CITY OR COUNTY \_\_\_\_\_

v. *In re*: \_\_\_\_\_

- PETITION FOR PROTECTIVE ORDER - FAMILY ABUSE, FORM DC-611
- EMERGENCY PROTECTIVE ORDER - FAMILY ABUSE, FORM DC-626
- PRELIMINARY PROTECTIVE ORDER - FAMILY ABUSE, FORM DC-627
- PROTECTIVE ORDER - FAMILY ABUSE, FORM DC-650
- ORDER DISSOLVING PROTECTIVE ORDER, FORM DC-652
- FILING OF FOREIGN PROTECTIVE ORDER, FORM DC-684
- EMERGENCY PROTECTIVE ORDER - STALKING SERIOUS BODILY INJURY, FORM DC-382
- PRELIMINARY PROTECTIVE ORDER - STALKING SERIOUS BODILY INJURY, FORM DC-384
- PROTECTIVE ORDER - STALKING SERIOUS BODILY INJURY, FORM DC-385
- PRELIMINARY CHILD PROTECTIVE ORDER, FORM DC-527
- CHILD PROTECTIVE ORDER, FORM DC-532
- PROTECTIVE ORDER - IN PENDING CASES OF DIVORCE, CUSTODY, SUPPORT OR VISITATION, FORM CC-1409
- PROTECTIVE ORDER - STALKING SERIOUS BODILY INJURY, FORM CC-1413

**LAW ENFORCEMENT:**  
 This form is to be used for entry into VCIN. If there are changes in this information, please note on this form and return to the Court!

**RESPONDENT/PERSON SUBJECT TO ORDER**

NAME (LAST, FIRST, MIDDLE)						D.O.B.		SOCIAL SECURITY NUMBER			
SEX	RACE	HGT.		WGT.	EYES	HAIR	DRIVER'S LICENSE NO.			STATE	EXP.
		FT.	IN.								
SCARS, MARKS, TATTOOS (WHERE ON BODY AND DESCRIPTION)											
HOME ADDRESS PHONE NUMBER											
WORK ADDRESS PHONE NUMBER ( )											
RELATIONSHIP TO PERSON PROTECTED BY ORDER ( )											
WEAPONS											

**PETITIONER/PROTECTED PERSON**

NAME (LAST, FIRST, MIDDLE)	D.O.B.	RACE	SEX
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**OTHER PROTECTED PERSONS**

NAME (LAST, FIRST, MIDDLE)	D.O.B.	RACE	SEX

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 on the 2<sup>nd</sup> Floor of the Judicial Center at the time of your appointment. **Incomplete paperwork will result in the appointment being rescheduled. Please be advised that in the event that you are not on time, your appointment will be rescheduled.**
- You are the Petitioner and the other party is the Respondent. "In re:" refers to the name(s) of the child.
- 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. Payment can be in the form of cash, check, money order or credit card. If you are not able to pay the \$25.00, there is a Waiver (DC-606) included in this packet that would need to be completed.
- A Post Office Box is not satisfactory; you must have the exact physical address for all parties, including both parents. 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 \_\_\_\_\_

Child 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.

Signature: \_\_\_\_\_ AFFIANT: \_\_\_\_\_

Subscribed to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

26<sup>TH</sup> 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** \$ \_\_\_\_\_

(3) **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) \_\_\_\_\_