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PRO SE DIVORCE SUITS

“Pro se” means that a party to a lawsuit is representing oneself. All persons involved in divorce cases are strongly encouraged to consult with an attorney so that the legal proceedings and the effect of legal documents and orders can be fully explained to you. If you have children, property, or support issues which need to be decided by the court and which have not been resolved by an agreement, you are not required to retain an attorney, but neither the Clerk’s Office personnel nor the judges’ law clerks can give you advice on how to proceed. **If you proceed without legal counsel, you may unknowingly lose rights to custody or visitation, child or spousal support, distribution of property, or other legal claims arising out of your marriage.** Furthermore, at trial the same rules will apply as if you had an attorney, and the Judge is not permitted to help you in presenting your case.

If you do not know your spouse's whereabouts, or if he/she is in jail for committing a felony, these are special circumstances which you should also address with an attorney.

“Uncontested divorce actions” are those in which the parties have agreed upon all issues before the court, or those in which it is anticipated that only one side will actively participate. “No-fault divorce” suits are those in which the parties only ask for a divorce on the grounds that they have lived separate and apart for the period of time required by law.

The Clerk's Office cannot make recommendations for specific attorneys, but you can call:

The Virginia Lawyer State Bar Referral Service
1-800-552-7977

Or

The Fairfax Bar Association Lawyer Referral Service
703-246-3780

If you decide to proceed on your own, you will be expected to follow the same procedures as an attorney. If your case is uncontested it may take two to six months to complete your divorce even if there are no complications. If your case is contested, a final hearing will be set at Civil Term Day and your case will usually take much longer than six months to complete. One hearing will be set for custody and visitation if there are minor children, and a separate hearing will be set for property division and support.

You are responsible for preparing all documents to be submitted in the divorce. Please **DO NOT** ask Court personnel for legal advice or assistance. State law prohibits Court personnel from giving you legal advice or assistance.

Before you file for divorce, you may wish to review the appropriate divorce laws in the Virginia Code. The Virginia Code books are located in the Law Library at the Judicial Center and at Regional and Community Library locations. The Virginia Code and Rules of The Supreme Court of Virginia are available online at <https://law.lis.virginia.gov/vacode/>. A review of these laws may help you better understand the divorce process.

If **all** issues, such as grounds for divorce and distribution of property, are totally uncontested a party may proceed upon the written affidavit of a party, as is discussed below without waiting for the case to be set at Civil Term Day.

I. PROCEDURE

In order for you to obtain a divorce in Virginia, whether contested or uncontested, either you or your spouse must be a resident and domiciliary of the Commonwealth of Virginia at the time of the filing of the Complaint and for at least six months prior to filing suit. (Virginia Code section 20-97)

In your Complaint for Divorce, you must allege specific grounds upon which a divorce may be granted. The two most common grounds are no-fault divorces based upon either a six-month separation or a one-year separation. You are eligible for a six-month divorce **ONLY** if you have entered into a written separation agreement and there are no minor children born of the parties, born of either party and adopted by the other, or adopted by both parties. These facts must be stated in the Complaint.

In any no-fault divorce, you and your spouse must have been separated for the required amount of time **PRIOR TO FILING YOUR SUIT**. This separation period must also be clearly alleged in your Complaint. You may **NOT** file your Complaint for Divorce before the appropriate separation period has expired or your case will be dismissed or could be determined to be invalid. If the case is dismissed, you will have to file for divorce again and pay another filing fee. A Complaint alleging a “fault” ground for divorce, if supported by the facts, may also be filed. All grounds for divorce are set out in Virginia Code sections 20-91 and 20-95.

In addition to stating the grounds and residency requirements discussed above, the Complaint must include the following allegations:

- the date and place of marriage;
- the names and dates of birth of all minor children born or adopted into the marriage;
- a statement that both parties are over eighteen (18) years of age; and,
- a statement of each party's military status.

PLEASE REMEMBER

- If you proceed *pro se* you will be representing yourself.
- The Clerk and the Court cannot advise or represent you.
- Your documents must be typed double-spaced on 8 1/2" by 11" white paper, allowing for 1 1/2 inch margins in all four directions.
- Printed on only one-sided paper.
- If you send any documents to the Court, mail them to:

Clerk of the Circuit Court
4110 Chain Bridge Road
Fairfax, Virginia 22030
Attention: Civil Case Processing

If you wish to file documents personally or by any type of hand delivery, please bring them to the Clerk's Office Civil Division counter on the third floor of the Fairfax County Courthouse during regular business hours.

II. PREPARING & FILING YOUR COMPLAINT

A. REQUIRED DOCUMENTS

The Plaintiff (person starting the divorce) must file the following documents:

- An original and one copy of the Complaint. The copy will be used for service. (ATTACHMENT 1A and 1B for examples of Complaints for Divorce)
- A completed VS-4 Form. This form is a statistical form that is required for all divorce filings before the divorce can be finalized. **It must be completed properly in black ink.** The VS-4 Form may be obtained from the Clerk's Office. The VS-4 must be legible and it cannot be accepted if there are **any** white-outs or corrections. (ATTACHMENT 2)
- Two copies of the completed "Domestic Case Coversheet" completed with names and addresses of both parties (you must provide your complete address unless the Court for good cause shown orders otherwise), date of separation, and whether you believe this is a contested or uncontested divorce. (ATTACHMENT 3)
- Filing fees and Sheriff fees, if applicable. All Filing fees and Sheriff Service fees are paid by cash, certified check or money order payable to the Clerk of the Circuit Court. A credit card may also be used to pay the fees, but there is a 4% fee.

B. INITIAL FEES

Please visit the court's website at:

<https://www.fairfaxcounty.gov/circuit/sites/circuit/files/assets/documents/pdf/fees-civil-and-filing-instructions.pdf> to determine the filing fees. If you qualify for public assistance or your income is within poverty guidelines, then you might qualify for a waiver of court costs and fees. **Fairfax County Circuit Court requires that the 'Petition for Proceeding in Civil Case Without Payment of Fees or Costs' be notarized.** Please make sure to do so before submitting it to the Court. The form can be found at <https://www.vacourts.gov/forms/circuit/cc1414.pdf>.

C. CASE NUMBER

Your case will be given a case number as soon as it is filed. This is the number by which the Court references your case and it must appear on all documents regarding your divorce. The case number will consist of CL, a 4 digit year indicator and the number (e.g., CL-2023-0000001).

D. SERVICE

After you file the Complaint, you must determine how the Defendant will be served with the Complaint (see Section III below).

III. SERVING THE DEFENDANT (person you are seeking divorce from) WITH THE COMPLAINT

A. SERVICE OF PROCESS

Process in a divorce case may be served on the Defendant by any of the methods specified in Va. Code §8.01-296:

- personal service,
- posting on the residence, or
- service on a family member of the household at the age of sixteen or older.

Service may be by a Deputy Sheriff or a person authorized to serve process under Va. Code §8.01-293. If service is by the Sheriff or a Private Process Server, you must request the Clerk to prepare a Summons to attach to and be served on the Defendant along with a copy of the Complaint. The Complaint and the Summons are known as the “process” of the divorce action.

A Defendant may also accept or waive service pursuant to Va. Code §20-99.1:1 by signing a proof of service or an “Acceptance of Service” indicating that the Defendant has received the papers in the suit. A Defendant may also waive service of process by filing an Answer to the Complaint.

B. TYPES OF SERVICE

1. ACCEPTANCE OR WAIVER OF SERVICE:

- Pursuant to Va. Code §20-99.1:1, a Defendant may accept service by signing an **"Acceptance/Waiver of Service of Process and Waiver of Future Service of Process and Notice" - Form CC-1406**. This must be signed under oath before a notary public or deputy clerk. An acceptance of service cannot be signed prior the filing of the Complaint. A waiver of service can be signed prior to or after the filing of the Complaint provided the Defendant receives a copy of the Complaint and signs the Final Decree of Divorce pursuant to Va. Code §20-99.1:1(A).

This form can be accessed through the website of the Virginia Judicial System at: <https://www.vacourts.gov/forms/circuit/cc1406.pdf> or (ATTACHMENT 4).

2. SERVICE BY SHERIFF:

- If the Defendant lives in the Commonwealth of Virginia, a Virginia Sheriff can serve process on the Defendant if the Sheriff's fee is included with the initial filing.

Fee for Sheriff Service: \$12.00 for each service

Payment is made by cash or certified check or money order payable to:

Clerk of the Circuit Court

- The Sheriff will give the person that is being served a copy of the Complaint and the Summons. The Sheriff will execute the Proof of Service of the process and shall file the Proof of Service with the Clerk of the Court within seventy-two (72) hours of service.
- If the Defendant is a non-resident of Virginia, you will need to contact the authorities in the state and locality in which the Defendant resides in order to learn of the local regulations for service. You may wish to have the Defendant accept or waive out-of-state service. This can be done using the "Acceptance/Waiver of Service of Process and Waiver of Future Service of Process and Notice" (Form CC-1406) mentioned above. This must be signed under oath before a notary public or Deputy Clerk. An acceptance of service cannot be signed prior the filing of the Complaint. A waiver of service can be signed prior to or after the filing of the Complaint provided the Defendant receives a copy of the Complaint and signs the Final Decree of Divorce pursuant to Va. Code §20-99.1:1(A).

3. PRIVATE PROCESS SERVICE:

- The Private Process Server (if you plan to use a Private Process Server, it is up to you to hire one) will give the Defendant a copy of the Complaint and the Summons. The Process Server will execute an Affidavit of Service and must file the Affidavit with the Clerk of the Court where the matter is pending within seventy-two (72) hours of service pursuant to Va. Code §8.01-325.

- The Affidavit by Private Process Server must include the following:
 - A statement that the serving person is duly authorized to make service in accordance with §8.01-293 of the Virginia Code;
 - A statement that the process server or the person serving the process is over eighteen years of age;
 - A statement that the person serving the process is not a party or otherwise interested in the subject matter or controversy (Va. Code §8.01-293);
 - The date and manner in which service was made;
 - The name of the party served;
 - An annotation that service was by private process server; and,
 - Name, address and telephone number of private process server.

4. SERVICE BY PUBLICATION:

- Service of process may be accomplished by an “Order of Publication.” This may be done in cases in which the Defendant is a non-resident or the Defendant’s whereabouts are unknown after you have diligently (made all efforts) tried to locate him or her. Va. Code §20-104 and §8.01-316, *et seq.*
- The Clerk’s Office maintains a list of newspapers approved for publication in accordance with Va. Code 8.01-324. An Order of Publication must be published in a newspaper prescribed by the court pursuant to Va. Code §8.01-317. The number of times that the publication must be in the newspaper is once a week for four successive weeks.
 - ***Please note that if service is by publication, the only resolution you can achieve is a termination of your marriage and incorporation (inclusion) by the Court of any written agreements reached by you and your spouse. If you have no agreements, the Court can only terminate your marriage but cannot resolve other issues such as custody, support, and property distribution.***
- Forms for the Affidavit and Order of Publication can be obtained from the Clerk’s Office or can be accessed on the Courts’ website at:
<https://www.fairfaxcounty.gov/circuit/civil-case-information/order-of-publication>
- Documents & Fees Required to complete service by publication:
 - Original Order of Publication.
 - Affidavit notarized by Plaintiff or attorney stating the following:
 - the individual is a non-resident individual; **or**
 - the individual cannot be found, that due diligence has been used to locate the party to be served but the efforts have been unsuccessful; **or**
 - the individual cannot be served with court process, and that a return has been filed by the Sheriff which shows that the process has been in his or her hands for twenty-one (21) days and the Sheriff has been unable to make service.
 - An envelope addressed to the individual being served by publication at their last known address, if known.

- A completed certified mail receipt or registered mail receipt and appropriate fees for such mailing. Certified or registered mail can be sent by the post office and after the person receives what you sent, the post office sends you a receipt.
- A copy of the pleading to be served by publication.
- Check payable to the specific newspaper in the amount of \$30.00.
- Certified/Registered Mail Fees payable to the Clerk of the Circuit Court by cash, certified check (bank check) or money order.

Certified Mail (Green return receipt card – within the U.S.) \$ 5.00

Registered Mail (Pink return receipt card -outside the U.S.) \$10.00

- For publication in the newspaper you choose, you must submit a check payable to the specific newspaper. *If additional fees are required, the newspaper will bill the Plaintiff or counsel.*
- The Plaintiff must make specific arrangements with the newspaper. The Court will process the Order of Publication documentation, but the Plaintiff will be required to make arrangements to have the documentation delivered to the newspaper for publication.
- Upon completion of publication, the publisher will file an affidavit with the dates of publication and a copy of the published order with the Clerk of the Court in accordance with Va. Code §8.01-325. Upon receipt of the "proof of publication" the Clerk will complete a certificate of compliance and place it in the case file in accordance with Va. Code §8.01-317.
- If service of the Complaint is made by publication, and a court hearing is required, a court reporter will be required at the divorce hearing in accordance with Rule 1:3, unless the Defendant files an answer, waiver or other formal appearance. The Plaintiff is responsible for making arrangements for a court reporter to be present.

5. WAIVER OF FUTURE SERVICE OF PROCESS AND NOTICE

- After serving process, the Defendant may choose to waive further notice of the proceedings by executing a waiver form. Again, this can be done using an Acceptance/Waiver of Service of Process & Waiver of Future Service of Process and Notice. A copy of this form is available in the Clerk's Office, can be accessed through the website of the Virginia Judicial System at: <https://www.vacourts.gov/forms/circuit/cc1406.pdf> or ATTACHMENT 4. The form must be signed under oath in front of a Notary Public or Deputy Clerk of the Circuit Court.

IV. PROCEEDING WITH THE DIVORCE ACTION

- A. CONTESTED DIVORCES:** A contested case is one in which there is no Separation Agreement or where there are issues for the court to determine, such as spousal support, child support, custody/visitation, and/or equitable distribution. These cases will be placed on Civil Term Day and will be set for trial on all contested issues.
- B. UNCONTESTED DIVORCES:** The only cases that may proceed by written affidavit pursuant to Va. Code §20-106 are purely uncontested matters. These are matters where all property, custody, child support and spousal support rights are resolved, and neither party is going to claim any fault grounds for divorce, and where neither party is going to put on any evidence of the facts and circumstances leading to the dissolution of the marriage.
- 1. WRITTEN AFFIDAVITS.** If all issues are uncontested, a party may proceed by filing a written affidavit with the court pursuant to Va. Code §20-106. The requirements of an Affidavit pursuant to Va. Code §20-106 are as follows:

“B. The affidavit of a party submitted as evidence shall be based on the personal knowledge of the affiant, contain only facts that would be admissible in court, give factual support to the grounds for divorce stated in the complaint or counterclaim, and establish that the affiant is competent to testify to the contents of the affidavit. If either party is incarcerated, neither party shall submit evidence by affidavit without leave of court or the consent in writing of the guardian ad litem for the incarcerated party, or of the incarcerated party if a guardian ad litem is not required pursuant to § 8.01-9. The affidavit shall:

1. Give factual support to the grounds for divorce stated in the complaint or counterclaim, including that the parties are over the age of 18 and not suffering from any condition that renders either party legally incompetent;
2. Verify whether either party is incarcerated;
3. Verify the military status of the opposing party and advise whether the opposing party has filed an answer or a waiver of his rights under the federal Servicemembers Civil Relief Act (50 U.S.C. § 3901, *et seq.*);
4. Affirm that at least one party to the suit was at the time of the filing of the suit, and had been for a period in excess of six months immediately preceding the filing of the suit, a bona fide resident and domiciliary of the Commonwealth;
5. Affirm that the parties have lived separate and apart, continuously, without interruption and without cohabitation, and with the intent to remain separate and apart permanently, for the statutory period required by subdivision A (9) of § 20-91;
6. Affirm the affiant's desire to be awarded a divorce pursuant to subdivision A (9) of § 20-91; and

7. State whether there were minor children either born of the parties, born of either party and adopted by the other, or adopted by both parties, and affirm that neither party is known to be pregnant from the marriage.

C. If a party moves for a divorce pursuant to § 20-121.02, an affidavit may be submitted in support of the grounds for divorce set forth in subdivision A (9) of § 20-91.

D. A verified complaint shall not be deemed an affidavit for purposes of this section.”

As mentioned above, as of July 1, 2021, a corroborating witness affidavit is no longer required to be submitted to the court when the divorce is uncontested and based on no-fault grounds. See ATTACHMENT 7 for an example of the party Affidavit.

The Affidavit should be submitted to the clerk’s office, along with the following documents:

- Original proposed Final Order of Divorce;
- Name Change Order to resume maiden or former name, if applicable (ATTACHMENT 8);
- Any Separation Agreement, if applicable;
- Private Addendum containing the parties’ social security numbers;
- VS-4 form (completed legibly in black ink and no white out or corrections on form); and,
- Waiver of Notice or Proof of Service, if applicable.

The requirements for the Final Order of Divorce are as stated below in Section V. Upon filing of the Affidavit and other documents, the file will be forwarded to one of the judges' law clerks to review all of the pleadings, including the proposed Final Order of Divorce and any proposed Name Change Order (ATTACHMENT 8), to assure compliance with all statutory requirements.

V. FINAL ORDER OF DIVORCE

If all legal requirements have been satisfied the Judge will generally enter the **Final Order of Divorce** upon submission of the Written Affidavit.

Examples of Final Orders of Divorce are found in ATTACHMENT 6:

6A: Final Order on grounds of 6 month separation, Agreement, no spousal support

6B: Final Order on grounds of 6 month separation, Agreement, spousal support

6C: Final Order on grounds of 12 month separation, Agreement, no spousal support, no child support

6D: Final Order on grounds of 12 month separation, Agreement, spousal support

6E: Final Order on grounds of 12 month separation, Agreement, custody, child support, no spousal support

6F: Final Order on grounds of 12 month separation, Agreement, custody, child support, spousal support

All Final Orders of Divorce must now also include the following language (typed in bold print) pursuant to Va. Code §20-111.1:

“Beneficiary designations for any death benefit, as defined in subsection B of §20-111.1 of the Code of Virginia, made payable to a former spouse may or may not be automatically revoked by operation of law upon the entry of a Final Order of annulment or divorce. If a party intends to revoke any beneficiary designation made payable to a former spouse following the annulment or divorce, the party is responsible for following any and all instructions to change such beneficiary designation given by the provider of the death benefit. Otherwise, existing beneficiary designations may remain in full force and effect after the entry of a Final Order of annulment or divorce.”

PRIVATE ADDENDUM – VA. CODE §20-121.03: Any petition, pleading, motion, order, or decree filed under this chapter, including any agreements of the parties or transcripts (written record of testimony), shall not contain the social security number of any party or of any minor child of any party, or any financial information of any party that provides identifying account numbers for specific assets, liabilities, accounts, or credit cards. Such information, if required by law to be provided to a governmental agency or required to be recorded for the benefit or convenience of the parties, shall be contained in a separate addendum filed by the attorney or party. Such separate addendum (attachment) shall be used to distribute the information only as required by law. Such addendum shall otherwise be made available only to the parties, their attorneys, and to such other persons as the court in its discretion may allow. The attorney or party who prepares or submits a petition, pleading, motion, agreement, order, or decree shall ensure that any information protected pursuant to this section is removed prior to filing with the clerk and that any separate addendum is incorporated (included) by referring back to the petition, pleading, motion, agreement, order or decree.

Identification of Private Addendum – Colored Paper: The complete order or decree, public and private parts, must be submitted simultaneously (at the same time) to the court for entry. The private addendum needs to be printed on light pink paper (ATTACHMENT 5) so that the clerk knows immediately that this document must be sealed in the case file or must have a pink coversheet paper-clipped on top of the private addendum document.

- The addendum may be in a format of a pleading that has in bold print **“PRIVATE ADDENDUM PURSUANT TO VA. CODE §20-121.03”**.

- The Private Addendum recommended by the Supreme Court of VA- state form CC-1426 can be accessed through the website of the Virginia Judicial System: <https://www.vacourts.gov/forms/circuit/civil.html> or (ATTACHMENT 5).

Once a Judge has signed the Final Order of Divorce, the Plaintiff will receive a certified (official) copy from the Court. **To receive this copy**, a self-addressed, stamped envelope must be included when filing the Final Order of divorce. If an email address has been provided, a non-certified copy of the signed order will be emailed to the party.

To call and check on the status of a case, contact Civil Case Information at:

(703) 691-7320
Press 3, 1, 2, 1

The Clerk's office hopes this information is helpful. Please remember that the Clerk's staff **CANNOT** give you any legal advice.

VI. RESTORATION OF FORMER NAME – Va. Code §20-121.4: If one of the parties asks either in the Complaint or in any motion filed with or after the Complaint to resume their maiden or former name, an additional fee for recording of a name change is required. When the Final Order of Divorce from the bond of matrimony is signed, the court may restore the party's maiden or former name in a separate order meeting the requirements of Va. Code §8.01-217, provided the proposed order changing the name is submitted along with the Final Order of Divorce and the appropriate fee has been paid (see Section V). See Attachment 8 for an example of an Order for Restoration of Former Name.

VII. PENDENTE LITE MATTERS

A Motion for *Pendente Lite* Relief seeks temporary support and other temporary rulings pending a Final Order of Divorce. Virginia Code §20-103 grants the court authority to order the following types of relief on a temporary basis:

1. Spousal Support;
2. Child Support;
3. Health care coverage for spouse;
4. Health care coverage for children as well as allocation of unreimbursed medical expenses for these children;
5. Maintain an existing life insurance policy for the benefit of the children;
6. Allocate who has to make payments of debts on a temporary basis, including but not limited to mortgage, credit cards and car payments;
7. Allow one spouse to have “exclusive use and possession” of the family residence. Exclusive use and possession means that one spouse can live in the residence to the exclusion of the other spouse, but it does not provide permanent ownership of the residence to either spouse;
8. Preserve the marital assets as well as the estate of either or both spouses so that assets are available for division at a later date;
9. Provide money to one spouse from the other spouse so that he or she may pay attorneys’ fees and court costs to move forward with the divorce suit;
10. Prevent either spouse from restraining the personal liberty of the other spouse;
11. And other relief as may be appropriate. For example, some judges may also determine who gets exclusive use and possession of jointly owned vehicles.

The Virginia Code also allows the courts to determine the temporary custody and visitation of the minor children; however, the Fairfax Circuit Court will not authorize a hearing on the issue of temporary custody or visitation unless there is an extreme emergency. We suggest that you contact an attorney should you believe that you have an extreme emergency warranting a hearing on the issue of temporary custody or visitation.

Please note, that while the court may make temporary decisions as to who may possess or use property, the court does not have the authority to determine ownership of property until the parties reach an agreement as to ownership of such property or until the final divorce/Equitable Distribution trial takes place.

A *pendente lite* motion can be docketed by filing a written motion (ATTACHMENT 9) and setting it for a Friday motions docket with the Clerk’s office, or, if the motion will be longer than 30 minutes, by appearing at Calendar Control and requesting a trial date on a Monday through Thursday. Calendar Control Judges are available between 8:30 a.m. and 9:00 a.m. each day. Counsel should appear by telephone by contacting Judges’ Chambers at (703) 246-2221.

You should bring appropriate documentation to the hearing supporting the amount of income you claim to earn such as pay stubs, W-2s, 1099s, tax returns, and be prepared to fill out an Income/Expense Statement. These documents should also be exchanged with your spouse at the earliest possible time before the hearing, to encourage settlement.

At the hearing, each party will be sworn in, and the moving party will take the witness stand. The moving party will have three (3) minutes to make an opening statement outlining the relevant issues. The other side will then have up to seven (7) minutes to ask the moving party questions. The moving party will then have two (2) additional minutes to testify.

The responding party will then take the witness stand. The responding party will similarly have three (3) minutes to make an opening statement; the moving party will have up to seven (7) minutes to ask the responding party questions; and the responding party will have an additional two (2) minutes to testify.

Each side will have up to two (2) minutes to make a closing argument. The judge will then make appropriate findings.

See ATTACHMENTS 10A, 10B, and 10C for examples of *pendente lite* orders.

Fairfax Public Law Library
4110 Chain Bridge Road, Fairfax VA 22030
Hours: 8:00 AM to 4:30 PM Mon.-Fri./Phone: (703) 246-2170

FAMILY LAW RESOURCES

Byrnes, John E. **Virginia Domestic Relations Handbook**. Va. Michie /LexisNexis. Written for Virginia practitioners who handle cases dealing with family relationships. Includes sample forms appendix.

Fairfax Bar Association Circuit Court Practice Manual: Procedures, Policies, & Forms. Fairfax Bar Association. Available in print and on flash drive. Section H of manual contains family law procedures, policies, and sample forms. Manual and flash drive available for purchase from the Fairfax Bar Association.

Legal Services of Northern Virginia Public Forms. Online resource at www.lsnv.org. Includes legal information and numerous family law forms.

Valegalaid.org provides information and forms for uncontested divorce. Use this link to access these forms: <https://www.valegalaid.org/self-help-forms>

VADER Guidelines for child support and spousal support. Includes worksheets. These are available on computers in the Fairfax Public Law Library.

Determining Child and Spousal Support, Thomson Reuters. Combines a discussion of economic principles with practical guidance, providing the foundation for determining realistic and fair support in divorce cases.

Elrod, Linda D., **Child Custody Practice and Procedure**, Thomson Reuters. Using “best interest” factors as the guiding force, the author presents strategies for winning favorable decisions in child custody arrangements.

Cecka, Dale M. **Family Law: theory, practice, and forms**, Thomson West. Annual one volume family law treatise. Includes sample pleading and practice forms.

Fairfax Public Law Library
4110 Chain Bridge Road, Fairfax VA 22030
Hours: 8:00 AM to 4:30 PM Mon.-Fri./Phone: (703) 246-2170

FAMILY LAW RESOURCES continued:

Virginia Family Law—A Systematic Approach. Comprehensive manual that contains forms and relevant information pertaining to family law in Virginia. Includes sample forms for uncontested and contested domestic relations matters.

Virginia Forms. Vol. 1B of this multi-volume set includes sample domestic relations pleadings. Use of forms requires independent legal judgment by the user.

Negotiating and Drafting Marital Agreements. Includes sample provisions and marital agreements.

NOTE: STAFF ARE PROHIBITED FROM RECOMMENDING ANY FORM
(Sample forms may not be current)

For referral to an attorney, you may call Lawyer Referral Service (703) 246-3780

PRO SE DIVORCE FORMS INDEX

Attachment	Name of Form
1	A. Complaint for Divorce on Ground of Six Months Separation B. Complaint for Divorce on Ground of One Year Separation
2	VS – 4 Form
3	Fairfax Circuit Court Domestic Case Coversheet
4	Acceptance/Waiver of Service of Process and Waiver of Future Service of Process and Notice
5	Light Pink Private Addendum
6	A. Final Order of Divorce—Six Month Separation, No Spousal Support B. Final Order of Divorce—Six Month Separation with Separation Agreement Containing Spousal Support C. Final Order of Divorce—One Year Separation, No Spousal Support, and No Child Support D. Final Order of Divorce—One Year Separation, Separation Agreement, and Spousal Support E. Final Order of Divorce—One Year Separation, Separation Agreement, and Child Custody/Support but <u>No Spousal Support</u> F. Final Order of Divorce—One Year Separation, Separation Agreement, Child Custody/Support, <u>and Spousal Support</u>

7	Written Affidavit of Party
8	Order for Change of Name
9	<i>Pendente lite</i> Motion
10	<p>A. <i>Pendente lite</i> Order re: Child Support</p> <p>B. <i>Pendente lite</i> Order re: Spousal Support</p> <p>C. <i>Pendente lite</i> Order re: Child Support & Spousal Support</p> <p>D. Income Deduction Order</p>

ATTACHMENT 1A

***** THIS IS A SAMPLE ONLY AND NOT TO BE USED AS A FILL-IN-THE-BLANK FORM. DO NOT** retype the language in the parenthesis () when you retype this form. The information in each paragraph needs to be changed as necessary for your particular case. This form is NOT intended to be legal advice and should NOT be relied upon as such. You are encouraged to consult an attorney.

This Complaint for Divorce form can only be utilized if 1) there are no minor children; 2) the parties have entered into a Separation Agreement before filing the Complaint (“SA”, which is a written agreement that the parties have separated, and if there is property to be divided, the parties’ agreement regarding the division of that property); and 3) the parties have been separated for at least six months before filing the Complaint.***

***** Please note that instructions are in bold and/or italics. You should delete the instructions from your document before filing with the court.**

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

_____)	
(full name))	
Plaintiff)	
)	
v.	)	CL No. _____
)	
_____)	
(full name))	
Defendant)	

SERVE: _____ (*Full Name of Defendant*)
_____ (*Complete Address of Defendant*)

COMPLAINT FOR DIVORCE **ON GROUND OF SIX MONTHS’ SEPARATION**

Plaintiff says:

1. The parties were married on the _____ (*day*) of _____ (*month*), _____ (*year*), in the City/County of _____, State of _____.

2. There are no minor children either born of the parties, born of either party and adopted by the other, or adopted by both parties, and neither party is known to be pregnant from the marriage.

3. Plaintiff (*or Defendant, if the statement is only true for the Defendant*) was at the time of the filing of the suit and had been for at least six months preceding the filing of the suit an actual bona fide resident and domiciliary of this Commonwealth; .

(Choose either #4(a) OR #4(b) — NOT BOTH. Renumber as #4) (If the Defendant is in the military, he/she must sign a waiver of rights under the Servicemembers Civil Relief Act, 50 U.S.C. Appx. § 501 et seq.)

4(a). Both parties are over the age of 18 years, and neither is an active duty member of the military service of the United States; . **OR**

(b). Both parties are over the age of 18 years, the Defendant is an active member of the military service of the United States, and has signed a Servicemembers Civil Relief Act Waiver, the original of which is attached hereto as **Exhibit** _____.

5. The parties last cohabited at _____
_____ (*complete address of the place the parties last lived together*).

6. The parties have lived separate and apart without cohabitation and without interruption for more than six months immediately before filing this suit; to wit: since _____ (*month*), _____ (*day — if you do not remember the exact day, use the last day of the month you just listed*), _____ (*year*).

7. The Plaintiff/Defendant (*choose one or both*) formed the intent to remain permanently separate and apart since _____ (*day*) _____ (*month*) _____ (*day*), _____ (*year*) and the intent to remain separate and apart has continued to date.

8. There is no hope or possibility of reconciliation between the parties; . and

9. The parties have entered into an Agreement dated ____ (day) _____ (month) ____ (day), _____ (year) that resolves all outstanding issues between the parties.

10. The Plaintiff desires to be restored to her former name of _____, and states that this request is not made for any illegal purpose or to the prejudice of third parties.
(Delete this paragraph if no name change is requested)

WHEREFORE, Plaintiff prays as follows:

A. That he/she *(pick only one)* be granted a divorce from the bond of matrimony on the ground that the parties have lived separate and apart without cohabitation and without interruption for more than six months immediately before filing this suit, Va. Code Ann. § 20-91(A)(9)(a).); and

B. That the Agreement executed signed by (signed by) the parties dated _____ (month) ____ (day), _____ (year), be affirmed, ratified and incorporated, but not merged, into the Final Order of Divorce; and

C. That the Plaintiff's maiden, or former, name be restored to _____ *(Plaintiff's full maiden or former name; you may **ONLY** ask for this if you are the wife. The husband cannot ask to restore his wife's name. Please see ATTACHMENT 9 10 for a change of name order) (Delete this paragraph if no name change is requested);* and

D. That the Plaintiff have such other and further relief as to this Court appears warranted in all of the circumstances herein.

I ASK FOR THIS:

(your signed name)

Plaintiff, *pro se*

(Type your full name)

(Type your complete address)

(Type your daytime phone number)

(Type your email address)

ATTACHMENT 1B

***** THIS IS A SAMPLE ONLY AND NOT TO BE USED AS A FILL-IN-THE-BLANK FORM. DO NOT** retype the language in the parenthesis () when you retype this form. The information in each paragraph needs to be changed as necessary for your particular case. This form is NOT intended to be legal advice and should NOT be relied upon as such. You are encouraged to consult an attorney.

This Complaint can be utilized whether or not the parties have entered into a Separation Agreement (“SA”, which is a written agreement that the parties have separated, and if there is property to be divided, the parties’ agreement regarding the division) but the parties must have been separated for at least one year before filing the Complaint.***

***** Please note that instructions are in bold and/or italics. You should delete the instructions from your document before filing with the court.**

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

Plaintiff
v. _____
Defendant
(full name)
(full name)
CL No. _____

SERVE: _____ (Full Name of Defendant)
_____ (Complete Address of Defendant)

COMPLAINT FOR DIVORCE
ON GROUND OF ONE YEAR SEPARATION

Plaintiff says:

4. The parties were married on the _____ (day) of _____ (month),
_____ (year), in the City/County of _____, State of _____.

5. (Choose either (a) OR (b) – NOT BOTH. Renumber as #2.)

2(a). There is/are ____ child[ren] (*insert number*) that was/were born of the parties, born of either party and adopted by the other, or adopted by both parties, namely: _____ (*list all children's names and their dates of birth*); and neither party is known to be pregnant from the marriage. **OR**

2(b). There are no minor children either born of the parties, born of either party and adopted by the other, or adopted by both parties and neither party is known to be pregnant from the marriage.

6. Plaintiff (*or Defendant, if the statement is only true for the Defendant*) was at the time of the filing of the suit and had been for at least six months preceding the filing of the suit an actual bona fide resident and domiciliary of this Commonwealth.

(Choose either #4(a) OR #4(b) — NOT BOTH. Renumber as #4) (If the Defendant is in the military, he/she must sign a waiver of rights under the Servicemembers Civil Relief Act, 50 U.S.C. Appx. § 501 et seq.)

4(a). Both parties are over the age of 18 years, and neither is an active-duty member of the military service of the United States. **OR**

(b). Both parties are over the age of 18 years, the Defendant is an active member of the military service of the United States, and has signed a Servicemembers Civil Relief Act Waiver, the original of which is attached hereto as **Exhibit** ____.

5. The parties last cohabited at _____
_____ (*complete address of the place the parties last lived together*).

6. The parties have lived separate and apart without any cohabitation and without interruption for more than one year immediately before filing this suit, since _____ (*month*)
_____ (*day — if you do not remember the exact day, use the last day of the month you just listed*),
_____ (*year*).

7. The Plaintiff/Defendant (*choose one or both*) formed the intent to remain permanently separated and apart since _____ (month) _____ (day), _____ (year), and the intent to remain separate and apart has continued to date.

8. There is no hope or possibility of reconciliation between the parties.

9. The parties have entered into an Agreement dated _____ (month) _____ (day), _____ (year) resolving all outstanding issues arising out of the marriage.
(If you do not have an Agreement, delete #9 above)

10. The Plaintiff desires to be restored to her former name of _____, and states that this request is not made for any illegal purpose or to the prejudice of third parties.
(Delete this paragraph if no name change is requested)

(Include the below “Statutory Notices” Section if the parties have a minor child and/or minor children. If the parties do not have a minor child and/or children, delete the “Statutory Notices” Section below).

STATUTORY NOTICES

11. The following information is provided in accordance with Section 20-146.20 of the Code of Virginia 1950, as amended:

A. For the past five (5) years, _____ (*parties’ minor child and/or children*) have resided at _____ (*full address*) with Plaintiff and Defendant until _____ (month) _____ (day), _____ (year), and with Plaintiff/Defendant (*pick one*) since _____ (month) _____ (day), _____ (year). (*If the minor child/children have lived at multiple residences over the past 5 years, list out each residence in this paragraph*).

B. Plaintiff has not participated as a party, witness, or in any other capacity, in any other proceeding concerning the custody of or visitation with _____ (*insert names of parties’ minor child/children*) in this or any other state or country. (*If Plaintiff has participated in*

a proceeding previously regarding the custody or visitation of the minor child/children, then identify the court, the case number, and the date of the child custody determination, if any)

C. Plaintiff does not know of any other proceeding concerning _____ *(insert names of parties' minor child/children)* pending in any other court of this or any other state that could affect the current proceeding. *(if Plaintiff knows of such any proceedings that could affect the current proceeding – including proceedings for enforcement and proceedings related to domestic violence, protective orders, termination of parental rights, and adoptions, then identify the court, the case number, and the nature of the proceeding)*

D. Plaintiff does not know of any other person not a party to these proceedings who has physical custody of _____ *(insert names of parties' minor child/children)* or who claims to have custody or visitation rights with _____ *(insert names of parties' minor child/children)*. *(List the names and addresses of those persons who are not a party to this proceeding who has physical custody of the child or claims rights of legal custody or physical custody of, or visitation with, the child/children, if applicable)*

WHEREFORE, Plaintiff prays as follows:

A. That he/she *(pick only one)* be granted a divorce from the bond of matrimony on the ground that the parties have lived separate and apart without any cohabitation and without interruption for more than one year; and

B. That the Agreement signed by the parties dated _____ *(month)* _____ *(day)*, _____ *(year)*, hereby be affirmed, ratified and incorporated, but not merged, into the Final Order of Divorce; and

(If you do not have an Agreement, delete the paragraph above)

C. That the Plaintiff's maiden, or former, name be restored to _____ *(Plaintiff's full maiden or former name; you may **ONLY** ask for this*

if you are the wife. The husband cannot ask to restore his wife's name. Please see ATTACHMENT 10 for a change of name order) (Delete this paragraph if no name change is requested); and

D. That the Plaintiff have such other and further relief as to this Court appears warranted in all of the circumstances herein.

I ASK FOR THIS:

Plaintiff, *pro se*
(Type your full name)
(Type your complete address)
(Type your daytime phone number)
(Type your email address)

Attachment 2

COMMONWEALTH OF VIRGINIA – REPORT OF DIVORCE OR ANNULMENT

Department of Health – Division of Vital Records – Richmond

NOTE:
ITEMS 1-30 ON THIS
FORM TO BE
COMPLETED BY
PETITIONER OR
ATTORNEY AND FILED
WITH CLERK OF COURT
WITH PETITION OR
DECREE

PLEASE PREPARE BY
TYPEWRITER OR PRINT
IN BLACK UNFADING INK.
THIS IS A PERMANENT
RECORD

CLERK OF COURT WILL
CERTIFY AND FORWARD
TO STATE REGISTRAR BY
10TH DAY OF MONTH
FOLLOWING DATE FINAL
DECREE IS GRANTED

Section 32.1-268
CODE OF VIRGINIA

1. CIRCUIT COURT FOR CITY OR COUNTY OF _____				STATE FILE NUMBER _____	
PARTY A (check one) <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE					
2. FULL NAME (first) _____ (middle) _____ (last) _____ (suffix) _____				3. SOCIAL SECURITY NUMBER _____	
4. PLACE OF BIRTH (state or foreign country) _____		5. DATE OF BIRTH _____		6. RACE _____	
				7. SEX _____	
8. NUMBER OF THIS MARRIAGE (first, second, etc.) _____			9. EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) _____ College (1-4 or 5+) _____		
10. USUAL RESIDENCE (street number or rural route number) _____ (city or town) _____ (county if not independent city) _____ (state) _____					
PARTY B (check one) <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE					
11. FULL NAME (first) _____ (middle) _____ (last) _____ (suffix) _____				12. SOCIAL SECURITY NUMBER _____	
13. PLACE OF BIRTH (state or foreign country) _____		14. DATE OF BIRTH _____		15. RACE _____	
				16. SEX _____	
17. NUMBER OF THIS MARRIAGE (first, second, etc.) _____			18. EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) _____ College (1-4 or 5+) _____		
19. USUAL RESIDENCE (street number or rural route number) _____ (city or town) _____ (county if not independent city) _____ (state) _____					
20. PLACE OF MARRIAGE (city or town) _____ (county) _____ (state or foreign country) _____		21. DATE OF MARRIAGE _____		22. DATE OF SEPARATION _____	
23. NUMBER OF CHILDREN UNDER 18 IN THIS FAMILY _____		24. NUMBER OF CHILDREN UNDER 18 IN THIS FAMILY WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Party A _____ Party B _____ Joint (Party A/Party B) _____ Other _____ <input type="checkbox"/> No Children			
25. PLAINTIFF <input type="checkbox"/> PARTY A <input type="checkbox"/> PARTY B <input type="checkbox"/> BOTH		26. DIVORCE GRANTED TO <input type="checkbox"/> PARTY A <input type="checkbox"/> PARTY B <input type="checkbox"/> BOTH		27. LEGAL GROUND OR CAUSE OF DIVORCE (if annulment – so state) _____	
28. INFORMANT'S SIGNATURE _____				<input type="checkbox"/> PETITIONER <input type="checkbox"/> ATTORNEY FOR PETITIONER	
29. NAME OF INFORMANT (Type or Print) _____			30. ADDRESS OF INFORMANT (street number or rural route number) _____ (city or town) _____ (state) _____		
I CERTIFY THAT A FINAL DECREE OF _____ WAS ENTERED _____ CONCERNING THE ABOVE (divorce or annulment) (date of divorce or annulment)					
MARRIAGE AND WAS NUMBERED _____ (court file number)					
SIGNATURE OF CLERK OF COURT OR DEPUTY _____					
NAME OF CLERK OR DEPUTY _____ (Type or Print)					

Fairfax County Circuit Court

DOMESTIC CASE COVERSHEET

PLEASE COMPLETE ALL SHADED AREAS

COMPLAINANT	DEFENDANT
Name:	Name:
Street:	Street:
City: State: Zip	City: State: Zip:
Phone Number: () <input type="checkbox"/> Complainant Proceeding Without Counsel.	Phone Number: ()

ATTORNEYS

COMPLAINANT ATTORNEY	DEFENSE ATTORNEY
BAR ID: FIRM:	ANSWER DATE: CROSS-BILL DATE: BAR ID: FIRM:
Name:	Name:
Street:	Street:
City: State: Zip	City: State: Zip
Phone Number: ()	Phone Number: ()
E-mail Address:	E-mail Address:

DATE OF SEPARATION: _____

(Check all that apply):

<input type="checkbox"/> TOTALLY UNCONTESTED (custody, support, and property issues resolved OR no custody, property, or support issues) <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> DEPOSITION	<input type="checkbox"/> DIVORCE <input type="checkbox"/> CONTESTED PROPERTY OR SUPPORT ISSUES <input type="checkbox"/> CONTESTED CUSTODY ISSUES	OTHER: <input type="checkbox"/> ANNULMENT <input type="checkbox"/> SEPARATE MAINTENANCE
RE-OPEN – DOMESTIC ISSUES <input type="checkbox"/> Custody <input type="checkbox"/> Support <input type="checkbox"/> Visitation <input type="checkbox"/> Show Cause	Please reflect the original Chancery Case Number CH _____	<input type="checkbox"/> Other _____
REQUESTED SERVICE: <input type="checkbox"/> SHERIFF <input type="checkbox"/> SPECIAL PROCESS SERVER <input type="checkbox"/> ACCEPTANCE <input type="checkbox"/> PUBLICATION <input type="checkbox"/> WAIVER <input type="checkbox"/> NO SERVICE AT THIS TIME		SERVICE DATE/TYPE

**ACCEPTANCE/WAIVER OF SERVICE OF PROCESS AND
WAIVER OF FUTURE SERVICE OF PROCESS
AND NOTICE**

COMMONWEALTH OF VIRGINIA VA. CODE §§ 8.01-327; 20-99.1:1; Rules 3:5, 3:8

Case No.

..... Circuit Court

..... V.
PLAINTIFF DEFENDANT

I, the undersigned party named below, swear under oath/affirm the following:

1. I am a party ☐ plaintiff ☐ defendant in the above-styled suit.
2. I have received a copy of the following documents on this date:

☐ Complaint

☐ filed on, attached
DATE

☐ pre-filing copy pursuant to Va. Code § 20-99.1:1(A), attached

☐ Summons with copy of Complaint filed on, attached
DATE

☐ Other – Describe: filed on
DATE

I understand that my receipt of these copies and my signature below constitute

☐ the acceptance of service of process of these copies, or

☐ a waiver of service of process and notice which may be prescribed by law.

3. I agree to voluntarily and freely waive any future service of process and notice as checked below in this case:

☐ a. the 21-day time period for filing a responsive pleading.

☐ b. any further service of process.

☐ c. notice of the appointment of a commissioner in chancery and hearings held by such commissioner in chancery, if a commissioner in chancery is appointed.

☐ d. notice of the taking of depositions.

☐ e. notice of the filing of any reports by a commissioner in chancery of the filing of depositions.

☐ f. notice of testimony to be given orally in open court.

☐ g. notice of entry of any order, judgment or decree, including the final decree of divorce.

I understand that, by waiving service of process and notice, I am giving up my right to be notified of the events where indicated above.

.....
DATE

.....
☐ DEFENDANT ☐ PLAINTIFF

TO DEFENDANT: Notify the Court in writing of any changes of your address while this case is pending.

State/Commonwealth of, ☐ City ☐ County of

Subscribed and sworn to/affirmed before me this day of, 20

by
PRINT NAME OF AFFIANT

.....
DATE

.....
☐ CLERK ☐ DEPUTY CLERK
☐ NOTARY PUBLIC (My commission expires)
Registration No.

**ADDENDUM FOR PROTECTED
IDENTIFYING INFORMATION—
CONFIDENTIAL**

Commonwealth of Virginia

Case No.

In the Circuit Court of the ☐ City ☐ County of

..... V.

This addendum is filed with and incorporated by reference in the document(s) indicated below, from which the protected identifying information contained herein has been removed by the attorney or party whose signature appears below. This addendum shall be used to distribute such information only as required by law, and may be made available only to the parties, to their attorneys, and to other person(s) as the court may allow.

☐ Complaint ☐ Petition ☐ Motion ☐ Order ☐ Decree ☐ Other Pleading:

☐ Agreement(s) of the Parties ☐ Transcripts ☐ Other:

.....
PARTY NAME (LAST, FIRST, MIDDLE)

.....
PARTY NAME (LAST, FIRST, MIDDLE)

.....
ADDRESS

.....
ADDRESS

.....
SOCIAL SECURITY NUMBER

.....
DATE OF BIRTH

.....
SOCIAL SECURITY NUMBER

.....
DATE OF BIRTH

NAME OF ASSET, LIABILITY, ACCOUNT, CREDIT CARD	IDENTIFYING ACCOUNT NO.

NAME OF ASSET, LIABILITY, ACCOUNT, CREDIT CARD	IDENTIFYING ACCOUNT NO.

.....
CHILD NAME (LAST, FIRST, MIDDLE)

.....
SOCIAL SECURITY NUMBER

.....
DATE OF BIRTH

.....
CHILD NAME (LAST, FIRST, MIDDLE)

.....
SOCIAL SECURITY NUMBER

.....
DATE OF BIRTH

Attach additional sheet(s) for other information, as needed.

.....
DATE

.....
☐ PARTY

.....
☐ ATTORNEY

.....
PRINT NAME

.....
ADDRESS /TELEPHONE NUMBER OF SUBSCRIBER

ATTACHMENT 6A

***** THIS IS A SAMPLE ONLY AND NOT TO BE USED AS A FILL-IN-THE-BLANK FORM. DO NOT retype the language in the parenthesis () when you retype this form. The information in each paragraph needs to be changed as necessary for your particular case. This form is NOT intended to be legal advice and should NOT be relied upon as such. You are encouraged to consult an attorney.**

USE THIS FORM IF ALL OF THE FOLLOWING APPLY: (1) YOU DO NOT HAVE ANY MINOR CHILDREN, (2) THERE IS NO SPOUSAL SUPPORT TO BE PAID, (3) YOU AND YOUR SPOUSE ENTERED INTO AN AGREEMENT RESOLVING ALL ISSUES; AND (4) AND YOU ARE SEEKING A DIVORCE BASED ON A SEPARATION OF 6 MONTHS

***** Please note that instructions are in bold and/or italics. You should delete the instructions from your document before filing with the court.**

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

_____)	
Plaintiff)	
)	
v.	)	CL No. _____
)	
_____)	
Defendant)	

FINAL ORDER OF DIVORCE

This cause came on for a hearing upon service and notice as required by law; and

Upon consideration of the evidence presented, the Court finds as follows:

1. The parties were married on the _____ (*day*) of _____ (*month*), _____ (*year*), in the City/County of _____, State of _____;

2. There are no minor children either born of the parties, born of either party and adopted by the other, or adopted by both parties, and neither party is currently known to be pregnant from the marriage;

3. Plaintiff *(or Defendant if only true for the Defendant)* was at the time of the filing of the suit and had been for at least six months preceding the filing of the suit an actual bona fide resident and domiciliary of this Commonwealth;

(Choose either #4(a) OR #4(b) — NOT BOTH. Renumber as #4) (If the Defendant is in the military, he/she must sign a waiver of rights under the Servicemembers Civil Relief Act, 50 U.S.C. Appx. § 501 et seq.)

4(a). Both parties are over the age of 18 years, and neither is an active duty member of the military service of the United States; **OR**

(b). Both parties are over the age of 18 years, the Defendant is an active member of the military service of the United States, and has signed a Servicemembers Civil Relief Act Waiver, the original of which is attached hereto as **Exhibit ____**;

5. The Plaintiff's social security number is **(See Private Addendum)**, and the Defendant's social security number is **(See Private Addendum)**; *(please place social security numbers in the Separate Addendum – see FORM 5. DO NOT PLACE ANY PARTY'S FULL SOCIAL SECURITY NUMBER ON THIS ORDER!!!! USE THE PRIVATE ADDENDUM WHICH MUST BE PRINTED ON PINK PAPER.)*

6. The parties have lived separate and apart without cohabitation and without interruption for more than six months; to wit: since _____ (month) _____ (day), _____ (year) *(if you do not remember the exact day, use the last day of the month you just listed)*;

7. The Plaintiff *(or Defendant if it was the Defendant's intent)* formed the intent to remain permanently separated and live apart on the _____ (day) of _____ (month), _____ (year);

8. There is no hope or possibility of reconciliation between the parties;

9. The parties have entered into an Agreement titled _____ dated _____ (month) _____ (day), _____ (year) which settled all rights and obligations arising out of the marital relationship;

10. This Court has jurisdiction to hear and determine the issues in this suit;

As this Order does not address the payment of child support and there is no obligation for the payment of spousal support, the notice provisions Section 20-60.3 and 20-107.1(H) of the 1950 Code of Virginia do not apply; and it is therefore

ORDERED that the Plaintiff be and is hereby granted a divorce *a vinculo matrimonii* from the Defendant on the ground that the parties have lived separate and apart without any cohabitation and without interruption for a period of six months; and it is further

ORDERED that the Agreement dated _____ (month) _____ (day), _____ (year), be and is hereby, ratified, incorporated, and affirmed but not merged herein; and it is further

ORDERED that in accordance with the provisions of Section 20-111.1 of the 1950 Code of Virginia, as amended, the following information is provided:

Beneficiary designations for any death benefit, as defined in subsection B of § 20-111.1 of the Code of Virginia, made payable to a former spouse may or may not be automatically revoked by operation of law upon the entry of a final decree of annulment or divorce. If a party intends to revoke any beneficiary designation made payable to a former spouse following the annulment or divorce, the party is responsible for following any and all instructions to change such beneficiary designation given by the provider of the death benefit. Otherwise, existing beneficiary designations may remain in full force and effect after the entry of a final decree of annulment or divorce; and it is further

ORDERED that this cause is stricken from the active docket of the court.

ENTERED this _____ day of _____, 20_____.

Judge

SEEN AND ** _____: SEEN AND ** _____:

Plaintiff

Address

Telephone Number

Email Address

Defendant

Address

Telephone Number

Email address

(** Party has option of agreeing, objecting or just leaving blank)

ATTACHMENT 6B

***** THIS IS A SAMPLE ONLY AND NOT TO BE USED AS A FILL-IN-THE-BLANK FORM. DO NOT retype the language in the parenthesis () when you retype this form. The information in each paragraph needs to be changed as necessary for your particular case. This form is NOT intended to be legal advice and should NOT be relied upon as such. You are encouraged to consult an attorney.**

USE THIS FORM IF ALL OF THE FOLLOWING APPLY: (1) THERE IS NO SPOUSAL SUPPORT TO BE PAID, (2) CHILD SUPPORT IS NOT ADDRESSED BY THIS ORDER; (3) THERE IS NO PROPERTY TO BE DIVIDED OR IT HAS BEEN RESOLVED BY A WRITTEN AGREEMENT; AND (4) AND YOU ARE SEEKING A DIVORCE BASED ON A SEPARATION OF 1 YEAR

***** Please note that instructions are in bold and/or italics. You should delete the instructions from your document before filing with the court.**

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

_____)	
Plaintiff)	
)	
v.	)	CL No. _____
)	
_____)	
Defendant)	

FINAL ORDER OF DIVORCE

This cause came on for a hearing upon service and notice as required by law; and

Upon consideration of the evidence presented, the Court finds as follows:

1. The parties were lawfully married on the ____ (day) of _____ (month), _____ (year), in the City/County of _____, State of _____;
(Choose either (a) OR (b) – NOT BOTH. Renumber as #2.)

2(a). There is/are ____ child[ren] (insert number) was/were born of the parties, born of either party and adopted by the other, or adopted by both parties, namely:

_____ ; and neither party is currently known to be pregnant from the marriage; *(list all children's names and their dates of birth)* **OR**

2(b). There are no minor children either born of the parties, born of either party and adopted by the other, or adopted by both parties, and neither party is currently known to be pregnant from the marriage;

3. Plaintiff *(or Defendant if only true for the Defendant)* was at the time of the filing of the suit and had been for at least six months preceding the filing of the suit an actual bona fide resident and domiciliary of this Commonwealth;

(Choose either #4(a) OR #4(b) — NOT BOTH. Renumber as #4)

(If the Defendant is in the military, he/she must sign a waiver of rights under the Servicemembers Civil Relief Act, 50 U.S.C. Appx. § 501 et seq.)

4(a). Both parties are over the age of 18 years, and neither is an active duty member of the military service of the United States; **OR**

(b). Both parties are over the age of 18 years, the Defendant is an active member of the military service of the United States, and has signed a Servicemembers Civil Relief Act Waiver, the original of which is attached hereto as **Exhibit _____**;

5. The Plaintiff's social security number is **(See Private Addendum)**, and the Defendant's social security number is **(See Private Addendum)**; *(please place social security numbers in the Separate Addendum – see FORM 5. DO NOT PLACE ANY PARTY'S FULL SOCIAL SECURITY NUMBER ON THIS ORDER!!!! USE THE PRIVATE ADDENDUM WHICH MUST BE PRINTED ON PINK PAPER.)*

6. The parties have lived separate and apart without any cohabitation and without interruption for a period of one year; since _____ (month) _____ (day), _____ (year); *(if you do not remember the exact day, use the last day of the month you just listed)*

7. The Plaintiff (*or Defendant if it was the Defendant's intent*) formed the intent to remain permanently separate and apart on _____ (month) _____ (day), _____ (year);

8. There is no hope or possibility of reconciliation between the parties; and

9. The parties have entered into an Agreement titled _____ dated _____ (month) _____ (day), _____ (year), which settled all rights and obligations arising out of the marital relationship; (*If you do not have a written Agreement, delete this paragraph*);

As this Order does not address the payment of child support and there is no obligation for the payment of spousal support, the notice provisions Section 20-60.3 and 20-107.1(H) of the 1950 Code of Virginia do not apply; and it is therefore

ORDERED that the Plaintiff be and is hereby granted a divorce *a vinculo matrimonii* from the Defendant on the ground that the parties have lived separate and apart without any cohabitation and without interruption for a period of one year; and it is further

ORDERED that the Agreement dated _____ (month) _____ (day), _____ (year), be and is hereby, ratified, affirmed, and incorporated, but not merged herein; and it is further (*delete this if there is no written Agreement*)

ORDERED that in accordance with the provisions of Section 20-111.1 of the 1950 Code of Virginia, as amended, the following information is provided:

Beneficiary designations for any death benefit, as defined in subsection B of § 20-111.1 of the Code of Virginia, made payable to a former spouse may or may not be automatically revoked by operation of law upon the entry of a final decree of annulment or divorce. If a party intends to revoke any beneficiary designation made payable to a former spouse following the annulment or divorce, the party is responsible for following any and all

instructions to change such beneficiary designation given by the provider of the death benefit. Otherwise, existing beneficiary designations may remain in full force and effect after the entry of a final decree of annulment or divorce; and it is further

ORDERED that this cause is stricken from the active docket of the court.

ENTERED this _____ day of _____, 20____.

Judge

*(** Party has option of agreeing, objecting or just leaving blank)*

SEEN AND ** _____:

SEEN AND ** _____:

Plaintiff or Plaintiff's Counsel

Address

Telephone Number

Email Address

Defendant or Defendant's Counsel

Address

Telephone Number

Email address

ATTACHMENT 6C

***** THIS IS A SAMPLE ONLY AND NOT TO BE USED AS A FILL-IN-THE-BLANK FORM. DO NOT retype the language in the parenthesis () when you retype this form. The information in each paragraph needs to be changed as necessary for your particular case. This form is NOT intended to be legal advice and should NOT be relied upon as such. You are encouraged to consult an attorney.**

USE THIS FORM ONLY IF ALL OF THE FOLLOWING APPLY: (1) YOU DO NOT HAVE ANY MINOR CHILDREN, (2) THERE IS AN OBLIGATION FOR THE PAYMENT OF SPOUSAL SUPPORT, (3) YOU AND YOUR SPOUSE ENTERED INTO AN AGREEMENT RESOLVING ALL ISSUES; AND (4) AND YOU ARE SEEKING A DIVORCE BASED ON A SEPARATION OF 6 MONTHS

***** Please note that instructions are in bold and/or italics. You should delete the instructions from your document before filing with the court.**

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

_____)	
Plaintiff)	
)	
v.	)	CL No. _____
)	
_____)	
Defendant)	

FINAL ORDER OF DIVORCE

This cause came on for a hearing upon service and notice as required by law; and

Upon consideration of the evidence presented, the Court finds as follows:

1. The parties were married on the _____ (*day*) of _____ (*month*), _____ (*year*), in the City/County of _____, State of _____;

2. There are no minor children either born of the parties, born of either party and adopted by the other, or adopted by both parties, and neither party is currently known to be pregnant from the marriage;

3. Plaintiff *(or Defendant if only true for the Defendant)* was at the time of the filing of the suit and had been for at least six months preceding the filing of the suit an actual bona fide resident and domiciliary of this Commonwealth;

(Choose either #4(a) OR #4(b) — NOT BOTH. Renumber as #4) (If the Defendant is in the military, he/she must sign a waiver of rights under the Servicemembers Civil Relief Act, 50 U.S.C. Appx. § 501 et seq.)

4(a). Both parties are over the age of 18 years, and neither is an active duty member of the military service of the United States; **OR**

(b). Both parties are over the age of 18 years, the Defendant is an active member of the military service of the United States, and has signed a Servicemembers Civil Relief Act Waiver, the original of which is attached hereto as **Exhibit _____**;

5. The Plaintiff's social security number is **(See Private Addendum)**, and the Defendant's social security number is **(See Private Addendum)**; *(please place social security numbers in the Separate Addendum – see FORM 5. DO NOT PLACE ANY PARTY'S FULL SOCIAL SECURITY NUMBER ON THIS ORDER!!!! USE THE PRIVATE ADDENDUM WHICH MUST BE PRINTED ON PINK PAPER.)*

6. The parties have lived separate and apart without cohabitation and without interruption for more than six months; to wit: since _____ (month) _____ (day), _____ (year) *(if you do not remember the exact day, use the last day of the month you just listed)*;

7. The Plaintiff *(or Defendant if it was the Defendant's intent)* formed the intent to remain permanently separated and live apart on _____ (month) _____ (day), _____ (year);

8. There is no hope or possibility of reconciliation between the parties;

9. The parties have entered into an Agreement titled _____ dated _____ (month) _____ (day), _____ (year), which settled all rights and obligations arising out of the marital relationship;

10. This Court has jurisdiction to hear and determine the issues in this suit; it is therefore,

ORDERED that the Plaintiff be and is hereby granted a divorce *a vinculo matrimonii* from the Defendant on the ground that the parties have lived separate and apart without any cohabitation and without interruption for more than six months, since _____ (month) _____ (day, if you do not remember the exact day, use the last day of the month you just listed), _____ (year); and it is further

ORDERED that the Agreement dated _____ (month) _____ (day), _____ (year), be and the same is hereby affirmed, ratified and incorporated, but not merged herein; and it is further,

ORDERED that in accordance with the provisions of Section 20-107.1(H) of the 1950 Code of Virginia, as amended, the following information is provided:

1. The following information is provided for the parties:

Plaintiff

Name: _____

Residential Address: _____

Residential Phone No.: _____

Mailing Address: _____

Date of Birth: _____

Last Four Digits of Soc. Sec. No.: _____

Full Soc. Sec. No.: **See Private Addendum**

Employer: _____

Employer's Address: _____

Work Phone No.: _____

Driver License No. & State: _____

Defendant

Name: _____

Residential Address: _____

Residential Phone No.: _____

Mailing Address: _____

Date of Birth: _____

Last Four Digits of Soc. Sec. No.: _____

Full Soc. Sec. No.: **See Private Addendum**

Employer: _____

Employer's Address: _____

Work Phone No.: _____

Driver License No. & State: _____

2. The Plaintiff (or Defendant) (*choose only one*), _____,
(*insert full name of person paying support*) is ordered to pay spousal support in the amount of
\$ _____ (*dollar amount of support to be paid each month*) per month to the
_____ Defendant (or Plaintiff) (*choose only one*), due on or before the _____ day of
every month, commencing on _____ (*month*) _____ (*day*), _____ (*year*) (*date*
payment starts) and continuing until the earliest to occur of: (i) the death of either party; (ii) the
remarriage of the recipient; (iii) the cohabitation of the recipient with another person in a
relationship analogous to marriage, as defined in § 20-109.A, Virginia Code; or (iv) until further
order of this Court.

(Choose either (a) OR (b)—NOT BOTH. Renumber as #3.)

3(a). Health care coverage is required by this Order following the entry of this Order for a
party. **OR**

3(b). Health care coverage is **not** required by this Order following the entry of this Order for a party.

(Choose either (a) OR (b)—NOT BOTH. Renumber as #4.)

4(a). No spousal support arrearages exist as of the date of this Order. At any time that support arrearages should exist, all payments made are to be credited to current support obligations first, with any payment in excess of the current obligation applied to the arrearage. **OR**

4(b). The Plaintiff (or Defendant) *(choose only one)*, _____, *(insert full name of person paying support)* owes spousal support arrearages to the _____ Defendant (or Plaintiff) *(choose only one)*, in the total amount of \$ _____ *(total dollar amount of arrearages)* for the period between _____ *(start of time period for which arrearage is calculated)* and _____ *(end of time period for which arrearage is calculated)*. *[NOTE THAT IF ARREARAGES PRESENTLY EXIST AND THEY ARE NOT STATED IN THE ORDER THEN THEY WILL BE DEEMED TO BE FOREVER WAIVED]*. At any time that support arrearages should exist, all payments made are to be credited to current support obligations first, with any payment in excess of the current obligation applied to the arrearage.

5. Notice is hereby given that the parties shall give each other and the court at least 30 days' written notice, in advance, of any change of address and any change of telephone number within 30 days after the change.

6. Notice is hereby given that in determination of a support obligation, the support obligation as it becomes due and unpaid creates a judgment by operation of law.

And it is further ORDERED that in accordance with the provisions of Section 20-111.1 of the 1950 Code of Virginia, as amended, the following information is provided:

Beneficiary designations for any death benefit, as defined in subsection B of § 20-111.1 of the Code of Virginia, made payable to a former spouse may or may not be automatically revoked by operation of law upon the entry of a final decree of annulment or divorce. If a party intends to revoke any beneficiary designation made payable to a former spouse following the annulment or divorce, the party is responsible for following any and all

instructions to change such beneficiary designation given by the provider of the death benefit. Otherwise, existing beneficiary designations may remain in full force and effect after the entry of a final decree of annulment or divorce; and it is further

ORDERED that this cause is stricken from the active docket of the court.

ENTERED this _____ day of _____, 20_____.

Judge

SEEN AND ** _____:

SEEN AND ** _____:

Plaintiff or Plaintiff's Counsel

Address

Telephone Number

Email Address

Defendant or Defendant's Counsel

Address

Telephone Number

Email address

(** Party has option of agreeing, objecting or just leaving blank)

ATTACHMENT 6D

***** THIS IS A SAMPLE ONLY AND NOT TO BE USED AS A FILL-IN-THE-BLANK FORM. DO NOT retype the language in the parenthesis () when you retype this form. The information in each paragraph needs to be changed as necessary for your particular case. This form is NOT intended to be legal advice and should NOT be relied upon as such. You are encouraged to consult an attorney.**

USE THIS FORM ONLY IF ALL OF THE FOLLOWING APPLY: (1) THERE IS AN OBLIGATION FOR THE PAYMENT OF SPOUSAL SUPPORT, (2) NEITHER CHILD SUPPORT NOR CHILD CUSTODY IS ADDRESSED BY THIS ORDER; (3) YOU AND YOUR SPOUSE ENTERED INTO AN AGREEMENT RESOLVING ALL ISSUES; AND (4) AND YOU ARE SEEKING A DIVORCE BASED ON A SEPARATION OF 1 YEAR

***** Please note that instructions are in bold and/or italics. You should delete the instructions from your document before filing with the court.**

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

_____)	
Plaintiff)	
)	
v.	)	CL No. _____
)	
_____)	
Defendant)	

FINAL ORDER OF DIVORCE

This cause came on for a hearing upon service and notice as required by law; and
Upon consideration of the evidence presented, the Court finds as follows:

1. The parties were lawfully married on the ____ (day) of _____ (month), _____ (year), in the City/County of _____, State of _____;

(Choose either (a) OR (b) – NOT BOTH. Renumber as #2.)

2(a). There is/are ____ child[ren] *(insert number)* born of the parties, born of either party and adopted by the other, or adopted by both parties, namely: _____
(list all children's names and their dates of birth), and neither party is currently known to be pregnant from the marriage; **OR**

2(b). There are no minor children either born of the parties, born of either party and adopted by the other, or adopted by both parties, and neither party is currently known to be pregnant from the marriage;

3. Plaintiff *(or Defendant, if only true for the Defendant)* was at the time of the filing of the suit and had been for at least six months preceding the filing of the suit an actual bona fide resident and domiciliary of this Commonwealth;

(Choose either #4(a) OR #4(b) — NOT BOTH. Renumber as #4) (If the Defendant is in the military, he/she must sign a waiver of rights under the Servicemembers Civil Relief Act, 50 U.S.C. Appx. § 501 et seq.)

4(a). Both parties are over the age of 18 years, and neither is an active duty member of the military service of the United States; **OR**

(b). Both parties are over the age of 18 years, the Defendant is an active member of the military service of the United States, and has signed a Servicemembers Civil Relief Act Waiver, the original of which is attached hereto as **Exhibit _____**.

5. The Plaintiff's social security number is **(See Private Addendum)**, and the Defendant's social security number is **(See Private Addendum)**; *(please place social security numbers in the Separate Addendum – see FORM 5. DO NOT PLACE ANY PARTY'S FULL SOCIAL SECURITY NUMBER ON THIS ORDER!!!! USE THE PRIVATE ADDENDUM WHICH MUST BE PRINTED ON PINK PAPER.)*

6. The parties have lived separate and apart without any cohabitation and without interruption for a period of one year; since _____ (month) _____ (day), _____ (year); *(if you do not remember the exact day, use the last day of the month you just listed)*

7. The Plaintiff *(or Defendant if it was the Defendant's intent)* formed the intent to remain permanently separate and apart on _____ (month) _____ (day), _____ (year);

8. There is no hope or possibility of reconciliation between the parties;

9. The parties have entered into an Agreement titled _____ dated _____ (month) _____ (day), _____ (year), which settled all rights and obligations arising out of the marital relationship; *(If you do not have a written Agreement, delete this paragraph)*

10. This Order does not address the issues of child custody or child support; and

11. This Court has jurisdiction to hear and determine the issues in this suit; it is therefore,

ORDERED that the Plaintiff be and is hereby granted a divorce *a vinculo matrimonii* from the Defendant on the ground that the parties have lived separate and apart without any cohabitation and without interruption for more than one year, since _____ (month) _____ (day, *if you do not remember the exact day, use the last day of the month you just listed*), _____ (year); and it is further

ORDERED that the Agreement dated _____ (month) _____ (day), _____ (year), be and the same is hereby affirmed, ratified and incorporated, but not merged herein; and it is further,

ORDERED that in accordance with the provisions of Section 20-107.1(H) of the 1950 Code of Virginia, as amended, the following information is provided:

1. The following information is provided for the parties

Plaintiff

Name: _____

Residential Address: _____

Residential Phone No.: _____

Mailing Address: _____

Date of Birth: _____

Last Four Digits of Soc. Sec. No.: _____

Full Soc. Sec. No.: **See Private Addendum**

Employer: _____

Employer's Address: _____

Work Phone No.: _____

Driver License No. & State: _____

Defendant

Name: _____

Residential Address: _____

Residential Phone No.: _____

Mailing Address: _____

Date of Birth: _____

Last Four Digits of Soc. Sec. No.: _____

Full Soc. Sec. No.: **See Private Addendum**

Employer: _____

Employer's Address: _____

Work Phone No.: _____

Driver License No. & State: _____

2. The Plaintiff (or Defendant) (*choose only one*), _____,
(*insert full name of person paying support*) is ordered to pay spousal support in the amount of
\$ _____ (*dollar amount of support to be paid each month*) per month to the

_____ Defendant (or Plaintiff) (*choose only one*), due on or before the _____ day of every month, commencing on _____ (*month*) _____ (*day*), _____ (*year*) (*date payment starts*) and continuing until the earliest to occur of: (i) the death of either party; (ii) the remarriage of the recipient; (iii) the cohabitation of the recipient with another person in a relationship analogous to marriage, as defined in § 20-109.A, Virginia Code; or (iv) until further order of this Court.

(Choose either (a) OR (b)—NOT BOTH. Renumber as #3.)

3(a). Health care coverage is required by this Order following the entry of this Order for a party. **OR**

3(b). Health care coverage is **not** required by this Order following the entry of this Order for a party.

(Choose either (a) OR (b)—NOT BOTH. Renumber as #4.)

4(a). No spousal support arrearages exist as of the date of this Order. At any time that support arrearages should exist, all payments made are to be credited to current support obligations first, with any payment in excess of the current obligation applied to the arrearage. **OR**

4(b). The Plaintiff (or Defendant) (*choose only one*), _____, (*insert full name of person paying support*) owes spousal support arrearages to the _____ Defendant (or Plaintiff) (*choose only one*), in the total amount of \$ _____ (*total dollar amount of arrearages*) for the period between _____ (*start of time period for which arrearage is calculated*) and _____ (*end of time period for which arrearage is calculated*). [NOTE THAT IF ARREARAGES PRESENTLY EXIST AND THEY ARE NOT STATED IN THE ORDER THEN THEY WILL BE DEEMED TO BE FOREVER WAIVED]. At any time that support arrearages should exist, all payments made are to be credited to current support obligations first, with any payment in excess of the current obligation applied to the arrearage.

5. Notice is hereby given that the parties shall give each other and the court at least 30 days' written notice, in advance, of any change of address and any change of telephone number within 30 days after the change.

6. Notice is hereby given that in determination of a support obligation, the support obligation as it becomes due and unpaid creates a judgment by operation of law.

It is further ORDERED that in accordance with the provisions of Section 20-111.1 of the 1950 Code of Virginia, as amended, the following information is provided:

Beneficiary designations for any death benefit, as defined in subsection B of § 20-111.1 of the Code of Virginia, made payable to a former spouse may or may not be automatically revoked by operation of law upon the entry of a final decree of annulment or divorce. If a party intends to revoke any beneficiary designation made payable to a former spouse following the annulment or divorce, the party is responsible for following any and all instructions to change such beneficiary designation given by the provider of the death benefit. Otherwise, existing beneficiary designations may remain in full force and effect after the entry of a final decree of annulment or divorce; and it is further

ORDERED that this cause is stricken from the active docket of the court.

ENTERED this _____ day of _____, 20_____.

Judge

SEEN AND ** _____:

SEEN AND ** _____:

Plaintiff or Plaintiff's Counsel

Address

Telephone Number

Email Address

Defendant or Defendant's Counsel

Address

Telephone Number

Email address

*(** Party has option of agreeing, objecting or just leaving blank)*

ATTACHMENT 6E

***** THIS IS A SAMPLE ONLY AND NOT TO BE USED AS A FILL-IN-THE-BLANK FORM. DO NOT retype the language in the parenthesis () when you retype this form. The information in each paragraph needs to be changed as necessary for your particular case. This form is NOT intended to be legal advice and should NOT be relied upon as such. You are encouraged to consult an attorney.**

USE THIS FORM ONLY IF ALL OF THE FOLLOWING APPLY: (1) THERE IS AN OBLIGATION FOR THE PAYMENT OF CHILD SUPPORT AND CHILD CUSTODY IS ADDRESSED BY THIS ORDER; (2) YOU AND YOUR SPOUSE ENTERED INTO AN AGREEMENT RESOLVING ALL ISSUES; AND (3) AND YOU ARE SEEKING A DIVORCE BASED ON A SEPARATION OF 1 YEAR. DO NOT USE THIS FORM IF SPOUSAL SUPPORT IS PAYABLE.

***** Please note that instructions are in bold and/or italics. You should delete the instructions from your document before filing with the court.**

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

_____)	
Plaintiff)	
)	
v.	)	CL No. _____
)	
_____)	
Defendant)	

FINAL ORDER OF DIVORCE

Upon consideration of the evidence presented, the Court finds as follows:

1. The parties were lawfully married on the ____ (day) of _____ (month), _____ (year), in the City/County of _____, State of _____;

(Choose either (a) OR (b), but NOT BOTH. Renumber as #2.)

2(a). There is/are ____ (number) child[ren] that was/were born of the parties, born of either party and adopted by the other, or adopted by both parties, namely:

_____ (list all children's names and dates of birth), and neither party is currently known to be pregnant from the marriage; **OR**

2(b). There are no minor children either born of the parties, born of either party and adopted by the other or adopted by both parties, and neither party is currently known to be pregnant from the marriage;

3. Plaintiff *(or Defendant, if only true for the Defendant)* was at the time of the filing of the suit and had been for at least six months preceding the filing of the suit an actual bona fide resident and domiciliary of this Commonwealth;

(Choose either #4(a) OR #4(b) — NOT BOTH. Renumber as #4) (If the Defendant is in the military, he/she must sign a waiver of rights under the Servicemembers Civil Relief Act, 50 U.S.C. Appx. § 501 et seq.)

4. (a). Both parties are of sound mind, over the age of 18 years, and neither is, or has been, an active duty member of the military service of the United States since the filing of the Complaint in this case; **OR**

(b). Both parties are over the age of 18 years, the Defendant is an active member of the military service of the United States, and has signed a Servicemembers Civil Relief Act Waiver, the original of which is attached hereto as **Exhibit _____**;

5. The parties last cohabitated as husband and wife at the following address:

_____;

6. The Plaintiff's social security number is **(See Private Addendum)**, and the Defendant's social security number is **(See Private Addendum)**; *(please place social security numbers in the Separate Addendum. DO NOT PLACE ANY PARTY'S FULL SOCIAL SECURITY NUMBER ON THIS ORDER!!!! USE THE PRIVATE ADDENDUM WHICH MUST BE PRINTED ON PINK PAPER.)*

7. The parties have lived separate and apart without any cohabitation and without interruption for a period in excess of one year; to wit: since the _____ (day) of _____ (month), _____ (year) *(if you do not remember the exact day, use the last day of the month you just listed)*;

8. The Plaintiff/Defendant (*choose one based upon the allegations in the complaint and evidence produced*) formed the intent to remain permanently separate and apart on the _____ (day) of _____ (month), _____ (year);

9. There is no hope or possibility of reconciliation between the parties; and
(if applicable state information in #10 about an agreement between the parties)

10. The parties have entered into an Agreement titled _____ (*insert title of Settlement Agreement*) dated the _____ (day) of _____ (month), _____ (year); it is therefore,

ORDERED that the Plaintiff is hereby granted a divorce, *a vinculo matrimonii* from the Defendant on the ground that the parties have lived separate and apart without any cohabitation and without interruption for more than one year, to wit: since _____ (month) _____ (day), _____ (year) (*same date as stated in #7 above*); and it is further

ORDERED that the _____ (*insert title of Settlement Agreement*) dated _____ (month) _____ (day), _____ (year), be and is hereby, ratified, affirmed, and incorporated, but not merged herein; and it is further

ORDERED that in accordance with the provisions of Section 20-124.5 of the 1950 Code of Virginia, as amended:

1. Custody and Visitation: _____

_____ (*insert terms of custody and visitation*); and

2. Either party who intends to relocate his or her residence shall give thirty (30) days advance written notice of any such intended relocation and of any intended change of address, said notice being given to both the other party and to this Court.

And it is further ORDERED that in accordance with the provisions of Section 20-60.3 of the 1950 Code of Virginia, as amended, the following information is provided:

1. Notice is hereby given that support payments may be withheld as they become due pursuant to Section 20-79.1 or Section 20-79.2 of the 1950 Code of Virginia, as amended, from income as defined in Section 63.2-1900 of the 1950 Code of Virginia, as amended, without further amendments of this Order and Decree or having to file an application for services with the Department of Social Services.

2. Notice is hereby given that support payments may be withheld pursuant to Chapter 19 (Section 63.2-1900, *et seq.*) of Title 63.2 of the 1950 Code of Virginia, as amended, without further amendments to this Order and Decree upon application for services with the Department of Social Services.

3. A duty of support is owed to: _____ (*list the name, date of birth and last four digits of the social security number of each child for whom a duty of support exists*). The party responsible for paying support is: _____ (*give name of party who will be paying the support, the Plaintiff or the Defendant*).

4. The following information is provided for the parties:

Plaintiff

Name: _____

Residential Address: _____

Mailing Address: _____

Residential Telephone No.: _____

Date of Birth: _____

Last Four Digits of Soc. Sec. No.: _____

Employer: _____

Employer's Address: _____

Work Phone No.: _____

Driver License State and No.: _____

Full Soc. Sec. No.: **See Private Addendum**

Defendant

Name: _____
Residential Address: _____
Mailing Address: _____
Residential Phone No.: _____
Date of Birth: _____
Last Four Digits of Soc. Sec. No.: _____
Employer: _____
Employer's Address: _____
Work Phone No.: _____
Driver License State and No.: _____
Full Soc. Sec. No.: **See Private Addendum**

5. Notice is hereby given that, pursuant to § 20-124.2, support will continue to be paid for any child over the age of 18 who is (i) a full-time high school student, (ii) not self-supporting, and (iii) living in the home of the party seeking or receiving child support until such child reaches the age of 19 or graduates from high school, whichever occurs first, and that the court may also order that support be paid or continue to be paid for any child over the age of 18 who is (a) severely and permanently mentally or physically disabled, and such disability existed prior to the child reaching the age of 18 or the age of 19 if the child met the requirements of clauses (i), (ii), and (iii); (b) unable to live independently and support himself; and (c) residing in the home of the parent seeking or receiving child support.

6. Notice is hereby given that a petition may be filed for the suspension of any license, certificate, registration or other authorization to engage in a profession, trade, business, occupation or recreational activity issued by the Commonwealth of Virginia to a parent upon a delinquency for a period of ninety (90) days or more or in the amount of \$5,000.00 or more. The following party/parties(*choose one*) hold(s) the following license(s): _____ (*list any license(s) either party may hold or if a party does not hold a license, clearly state so in the paragraph above*).

7. SUPPORT:

A. CHILD SUPPORT: the _____ (*Plaintiff or Defendant – choose person paying support*), _____, (*full name of person paying support*) is ordered to pay child support in the monthly amount of \$ _____ (*dollar amount how much support will be paid each month*) on behalf of _____ (*give name(s) of child(ren) support is paid for*) to the _____ (*Plaintiff or Defendant – choose only one*), due on or before the first day of every month, commencing on _____ (*month*) _____ (*day*), _____ (*year*) (*date payment starts*) and continuing until the earliest to occur of: (i) the death of either party, (ii) the child reaches the age of 18 (unless a provision of paragraph 5 above governs), or (iii) further order of this Court.

B. SPOUSAL SUPPORT: Spousal support is not payable pursuant to this Order.

8. HEALTH CARE COVERAGE:

A. FOR CHILDREN: The Order of this Court as to health care coverage for each child is as follows: (*List in any agreement you may have as to health care for the children or, if true, a written statement that health care coverage cannot be obtained at a reasonable cost*). The _____ (*Plaintiff/Defendant – choose only one*) is to provide at his/her (*choose only one*) expense health insurance for the benefit of _____ (*list name of the child(ren) to be covered by insurance*). Such coverage is to be provided through _____ (*name of insurance company*) (a) under privately obtained policy, number _____ (*insert the policy number*) **OR** (b) the _____ (*Plaintiff's/Defendant's – choose only one*), employment with _____ (*name of Employer*), policy number _____ (*insert policy number*). (***Choose either (a) or (b)***)

In addition, unreimbursed medical expenses are to be paid on an income ratio basis with the Plaintiff paying ____% and the Defendant paying ____% (i) directly to the health care provider(s) at the time of service **OR** (ii) reimbursed to a party as follows: with thirty days of receipt of a copy of the bill or receipt for the unreimbursed medical expense(s). (***Choose either (i) or (ii)***).

B. FOR SPOUSE OR FORMER SPOUSE: Health care coverage (i) is not required by this Order for a spouse or former spouse; **OR** (ii) shall be provided by _____ (name of party providing health insurance) for the spouse or former spouse, _____, (name) through _____ (name of insurance company), policy number _____ (insert policy number) through entry of the Final Order of Divorce.
(Choose either (i) **OR** (ii)).

9. ARREARAGES:

A. CHILD SUPPORT ARREARAGES: (Choose either (i) **OR** (ii)—NOT BOTH.)

(i) No child support arrearages exist as of the date of this Order. [NOTE THAT IF ARREARAGES PRESENTLY EXIST AND THEY ARE NOT STATED IN THE ORDER THEN THEY WILL BE DEEMED TO BE FOREVER WAIVED]. At any time that support arrearages should exist, all payments made are to be credited to current support obligations first, with any payment in excess of the current obligation applied to the arrearage. **OR**

(ii) The _____ (Plaintiff/Defendant – choose only one), _____, (full name of person paying support) owes child support arrearages to _____ (name of the party to whom child support is paid), in the total amount of \$_____ (total dollar amount of arrearages) for the period between _____ (start of time period for which arrearage is calculated) and _____ (end of time period for which arrearage is calculated). At any time that support arrearages should exist, all payments made are to be credited to current support obligations first, with any payment in excess of the current obligation applied to the arrearage.

B. SPOUSAL SUPPORT ARREARAGES: Spousal support is not payable pursuant to this Order.

10. If at any time child support payments are ordered to be paid through the Department of Social Services or directly to _____ (name of party to whom support is paid), and unless the Court for good cause shown orders otherwise, the parties shall give each other and the Court, and, when payments are to be made through the Department, the Department of Social Services at least thirty (30) days' written notice, in advance, of any change of address and any change of telephone number within thirty (30) days after the change.

11. If at any time child support payments are ordered to be paid through the Department of Social Services, _____ (*name of party paying support*) shall keep the Department of Social Services informed, or if payments are ordered to be paid directly to _____ (*name of party to whom support is paid*), _____ (*name of party paying support*) shall keep the court informed, of (i) the name, address and telephone number of _____ (*his or her – choose only one*) current employer; (ii) any change to _____ (*his or her – choose only one*) employment status; and (iii) if _____ (*he or she – choose only one*) has filed a claim for or is receiving benefits under the provisions of Title 60.2. Any such change in employment status or filing of a claim shall be communicated to the Department of Social Services or the court in writing within 30 days of such change or filing.

12. If child support payments are ordered to be paid through the Department of Social Services, the party obligated to provide health care coverage shall keep the Department of Social Services informed of any changes in the availability of the health care coverage for the minor child or children, or if payments are ordered to be paid directly to the obligee, the party obligated to provide health care coverage shall keep the other party informed of any changes in the availability of the health care coverage for the minor child or children.

13. The separate amounts due to each person under this Order for child support are set forth in Paragraph 7 of this Order.

14. Notice is hereby given that in determination of a support obligation, the support obligation as it becomes due and unpaid creates a judgment by operation of law. Pursuant to 20-78.2 interest shall accrue on the arrearage at the judgment rate as established by 6.2-302 unless the obligee, in a writing submitted to the court, waives the collection of interest.

15. Notice is hereby given that on and after July 1, 1994, the Department of Social Services may, pursuant to Chapter 19 of Title 63.2 of the 1950 Code of Virginia, as amended, and in accordance with Section 20-108.2 and Section 63.2-1921 of the 1950 Code of Virginia, as amended, initiate a review of the amount of support ordered by any Court.

16. If any arrearages for child support, including interest or fees, exist at the time the youngest child included in the order emancipates, payments shall continue in the total amount due (current support plus amount applied toward arrearages) at the time of emancipation until all arrearages are paid.

17. Notice is hereby given that, in cases enforced by the Department of Social Services, the Department of Motor Vehicles may suspend or refuse to renew the driver's license, or other document issued under Chapter 3 (§ 46.2, *et seq.*) of Title 46.2 authorizing the operation of a motor vehicle upon the highways, of any person upon receipt of notice from the Department of Social Services that the person (i) is delinquent in the payment of child support by 90 days or in an amount of \$5,000 or more or (ii) has failed to comply with a subpoena, summons, or warrant relating to paternity or child support proceedings.

And it is further ORDERED that in accordance with the provisions of Section 20-111.1 of the 1950 Code of Virginia, as amended, the following information is provided:

Beneficiary designations for any death benefit, as defined in subsection B of § 20-111.1 of the Code of Virginia, made payable to a former spouse may or may not be automatically revoked by operation of law upon the entry of a final decree of annulment or divorce. If a party intends to revoke any beneficiary designation made payable to a former spouse following the annulment or divorce, the party is responsible for following any and all instructions to change such beneficiary designation given by the provider of the death benefit. Otherwise, existing beneficiary designations may remain in full force and effect after the entry of a final decree of annulment or divorce; and it is further,

ORDERED that any future matters relating to child custody and child support is hereby remanded to the Juvenile and Domestic Relations District Court for the County of Fairfax; and this cause is stricken from the active docket of this court.

ENTERED this _____ day of _____, 20_____.

Judge

SEEN AND ** _____ :

SEEN AND ** _____ :

Plaintiff

Address

Telephone Number

Email Address

Defendant

Address

Telephone Number

Email address

(** Party has option of agreeing, objecting or just leaving blank)

ATTACHMENT 6F

***** THIS IS A SAMPLE ONLY AND NOT TO BE USED AS A FILL-IN-THE-BLANK FORM. DO NOT retype the language in the parenthesis () when you retype this form. The information in each paragraph needs to be changed as necessary for your particular case. This form is NOT intended to be legal advice and should NOT be relied upon as such. You are encouraged to consult an attorney.**

USE THIS FORM ONLY IF ALL OF THE FOLLOWING APPLY: (1) THERE IS AN OBLIGATION FOR THE PAYMENT OF SPOUSAL SUPPORT, (2) CHILD SUPPORT AND CHILD CUSTODY IS ADDRESSED BY THIS ORDER; (3) YOU AND YOUR SPOUSE ENTERED INTO AN AGREEMENT RESOLVING ALL ISSUES; AND (4) AND YOU ARE SEEKING A DIVORCE BASED ON A SEPARATION OF 1 YEAR

***** Please note that instructions are in bold and/or italics. You should delete the instructions from your document before filing with the court.**

V I R G I N I A:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

_____)	
Plaintiff)	
)	
v.	)	CL No. _____
)	
_____)	
Defendant)	

FINAL ORDER OF DIVORCE

Upon consideration of the evidence presented, the Court finds as follows:

1. The parties were lawfully married on the ____ (day) of _____ (month), _____ (year), in the City/County of _____, State of _____;

(Choose either (a) OR (b), but NOT BOTH. Renumber as #2.)

2(a). There is/are ____ (number) child[ren] that was/were born of the parties, born of either party and adopted by the other, or adopted by both parties, namely: _____ (list all children's names and dates of birth), and neither party is currently known to be pregnant from the marriage; **OR**

2(b). There are no minor children either born of the parties, born of either party and adopted by the other, or adopted by both parties, and neither party is currently known to be pregnant from the marriage;

3. Plaintiff *(or Defendant, if only true for the Defendant)* was at the time of the filing of the suit and had been for at least six months preceding the filing of the suit an actual bona fide resident and domiciliary of this Commonwealth;

(Choose either #4(a) OR #4(b) — NOT BOTH. Renumber as #4) (If the Defendant is in the military, he/she must sign a waiver of rights under the Servicemembers Civil Relief Act, 50 U.S.C. Appx. § 501 et seq.)

4. (a). Both parties are of sound mind, over the age of 18 years, and neither is, or has been, an active duty member of the military service of the United States since the filing of the Complaint in this case; **OR**

(b). Both parties are over the age of 18 years, the Defendant is an active member of the military service of the United States, and has signed a Servicemembers Civil Relief Act Waiver, the original of which is attached hereto as **Exhibit _____**;

5. The parties last cohabitated as husband and wife at the following address:
_____;

6. The Plaintiff's social security number is **(See Private Addendum)**, and the Defendant's social security number is **(See Private Addendum)**; *(please place social security numbers in the Separate Addendum. DO NOT PLACE ANY PARTY'S FULL SOCIAL SECURITY NUMBER ON THIS ORDER!!!! USE THE PRIVATE ADDENDUM WHICH MUST BE PRINTED ON PINK PAPER.)*

7. The parties have lived separate and apart without any cohabitation and without interruption for a period in excess of one year; to wit: since the _____ (day) of _____ (month), _____ (year); *(if you do not remember the exact day, use the last day of the month you just listed).*

8. The Plaintiff/Defendant (*choose one based upon the allegations in the complaint and evidence produced*) formed the intent to remain permanently separate and apart on the _____ (day) of _____ (month), _____ (year);

9. There is no hope or possibility of reconciliation between the parties;
(*if applicable state information in #10 about an agreement between the parties*)

10. The parties have entered into an Agreement titled _____ (*insert title of Settlement Agreement*) dated the _____ (day) of _____ (month), _____ (year); it is therefore,

ORDERED that the Plaintiff is hereby granted a divorce, *a vinculo matrimonii* from the Defendant on the ground that the parties have lived separate and apart without any cohabitation and without interruption for more than one year, to wit: since _____ (month) _____ (day), _____ (year) (*same date as stated in #7 above*); and it is further

ORDERED that the _____ (*insert title of Settlement Agreement*) dated _____ (month) _____ (day), _____ (year), be and is hereby, ratified, affirmed, and incorporated, but not merged herein; and it is further

ORDERED that in accordance with the provisions of Section 20-124.5 of the 1950 Code of Virginia, as amended:

1. Custody and Visitation: _____

_____ (*insert terms of custody and visitation*); and

2. Either party who intends to relocate his or her residence shall give thirty (30) days advance written notice of any such intended relocation and of any intended change of address, said notice being given to both the other party and to this Court.

And it is further ORDERED that in accordance with the provisions of Section 20-60.3 and 20-107.1(H) of the 1950 Code of Virginia, as amended, the following information is provided:

1. Notice is hereby given that support payments may be withheld as they become due pursuant to Section 20-79.1 or Section 20-79.2 of the 1950 Code of Virginia, as amended, from income as defined in Section 63.2-1900 of the 1950 Code of Virginia, as amended, without further amendments of this Order and Decree or having to file an application for services with the Department of Social Services.

2. Notice is hereby given that support payments may be withheld pursuant to Chapter 19 (Section 63.2-1900, *et seq.*) of Title 63.2 of the 1950 Code of Virginia, as amended, without further amendments to this Order and Decree upon application for services with the Department of Social Services.

3. A duty of support is owed to: _____ (*list the name, date of birth and last four digits of the social security number of each child for whom a duty of support exists*). The party responsible for paying support is: _____ (*give name of party who will be paying the support, the Plaintiff or the Defendant*).

4. The following information is provided for the parties:

Plaintiff

Name: _____

Residential Address: _____

Mailing Address: _____

Residential Telephone No.: _____

Date of Birth: _____

Last Four Digits of Soc. Sec. No.: _____

Employer: _____

Employer's Address: _____

Work Phone No.: _____

Driver License State and No.: _____

Full Soc. Sec. No.: **See Private Addendum**

Defendant

Name: _____

Residential Address: _____

Mailing Address: _____

Residential Phone No.: _____

Date of Birth: _____

Last Four Digits of Soc. Sec. No.: _____

Employer: _____

Employer's Address: _____

Work Phone No.: _____

Driver License State and No.: _____

Full Soc. Sec. No.: **See Private Addendum**

5. Notice is hereby given that, pursuant to § 20-124.2, support will continue to be paid for any child over the age of 18 who is (i) a full-time high school student, (ii) not self-supporting, and (iii) living in the home of the party seeking or receiving child support until such child reaches the age of 19 or graduates from high school, whichever occurs first, and that the court may also order that support be paid or continue to be paid for any child over the age of 18 who is (a) severely and permanently mentally or physically disabled, and such disability existed prior to the child reaching the age of 18 or the age of 19 if the child met the requirements of clauses (i), (ii), and (iii); (b) unable to live independently and support himself; and (c) residing in the home of the parent seeking or receiving child support.

6. Notice is hereby given that a petition may be filed for the suspension of any license, certificate, registration or other authorization to engage in a profession, trade, business, occupation or recreational activity issued by the Commonwealth of Virginia to a parent upon a delinquency for a period of ninety (90) days or more or in the amount of \$5,000.00 or more. The following party/parties (*choose one*) hold(s) the following license(s): _____ (*list*

any license(s) either party may hold or if a party does not hold a license, clearly state so in the paragraph above).

7. SUPPORT:

A. CHILD SUPPORT: The _____ (Plaintiff or Defendant – choose person paying support), _____, (full name of person paying support) is ordered to pay child support in the monthly amount of \$ _____ (dollar amount how much support will be paid each month) on behalf of _____ (give name(s) of child(ren) support is paid for) to the _____ (Plaintiff or Defendant – choose only one), due on or before the first day of every month, commencing on _____ (month) _____ (day), _____ (year) (date payment starts) and continuing until the earliest to occur of: (i) the death of either party, (ii) the child reaches the age of 18 (unless a provision of paragraph 5 above governs), or (iii) further order of this Court.

B. SPOUSAL SUPPORT: The _____ (Plaintiff/Defendant – choose only one), _____, (full name of person paying support) is ordered to pay spousal support in the monthly amount of \$ _____ (dollar amount of how much support will be paid each month) to the _____ (Plaintiff/Defendant – choose only one), due on or before the first day of every month, commencing on _____ (month) _____ (day) _____ (year) (date payment starts) and continuing until the earliest to occur of: (i) the death of either party; (ii) the remarriage of the recipient; (iii) the cohabitation of the recipient with another person, as defined in § 20-109.A, Virginia Code; or (iv) until further order of this Court.

8. HEALTH CARE COVERAGE:

A. FOR CHILDREN: The Order of this Court as to health care coverage for each child is as follows: (List in any agreement you may have as to health care for the children or, if true, a written statement that health care coverage cannot be obtained at a reasonable cost). The _____ (Plaintiff/Defendant – choose only one) is to provide at his/her (choose only one) expense health insurance for the benefit of _____ (list name of the child(ren) to be covered by insurance). Such coverage is to be provided through _____ (name of insurance company) (a) under privately obtained policy, number _____ (insert the policy number) **OR** (b) the _____ (Plaintiff's/Defendant's – choose only one),

employment with _____ (*name of Employer*), policy number _____ (*insert policy number*). **(Choose either (a) or (b))**

In addition, unreimbursed medical expenses are to be paid on an income ratio basis with the Plaintiff paying ____% and the Defendant paying ____% (i) directly to the health care provider(s) at the time of service **OR** (ii) reimbursed to a party as follows: with thirty days of receipt of a copy of the bill or receipt for the unreimbursed medical expense(s). **(Choose either (i) or (ii)).**

B. FOR SPOUSE OR FORMER SPOUSE: Health care coverage (i) is not required by this Order for a spouse or former spouse; **OR** (ii) shall be provided by _____ (*name of party providing health insurance*) for the spouse or former spouse, _____, (*name*) through _____ (*name of insurance company*), policy number _____ (*insert policy number*) through entry of the Final Order of Divorce. **(Choose either (i) OR (ii)).**

9. ARREARAGES:

A. CHILD SUPPORT ARREARAGES: **(Choose either (i) OR (ii)—NOT BOTH.)**

(i) No child support arrearages exist as of the date of this Order. *[NOTE THAT IF ARREARAGES PRESENTLY EXIST AND THEY ARE NOT STATED IN THE ORDER THEN THEY WILL BE DEEMED TO BE FOREVER WAIVED]*. At any time that support arrearages should exist, all payments made are to be credited to current support obligations first, with any payment in excess of the current obligation applied to the arrearage. **OR**

(ii) The _____ (*Plaintiff/Defendant – choose only one*), _____, (*full name of person paying support*) owes child support arrearages to _____ (*name of the party to whom child support is paid*), in the total amount of \$_____ (*total dollar amount of arrearages*) for the period between _____ (*start of time period for which arrearage is calculated*) and _____ (*end of time period for which arrearage is calculated*). At any time that support arrearages should exist, all payments made are to be credited to current support obligations first, with any payment in excess of the current obligation applied to the arrearage.

B. SPOUSAL SUPPORT ARREARAGES: (*Choose either (i) OR (ii)—NOT BOTH.*)

(i) No spousal support arrearages exist as of the date of this Order. *[NOTE THAT IF ARREARAGES PRESENTLY EXIST AND THEY ARE NOT STATED IN THE ORDER THEN THEY WILL BE DEEMED TO BE FOREVER WAIVED]*. At any time that support arrearages should exist, all payments made are to be credited to current support obligations first, with any payment in excess of the current obligation applied to the arrearage. **OR**

(ii) The _____ (*Plaintiff/Defendant – choose only one*), _____, (*full name of person paying support*) owes spousal support arrearages to the _____ (*Plaintiff/Defendant – choose only one*), in the total amount of \$ _____ (*total dollar amount of arrearages*) for the period between _____ (*start of time period for which arrearage is calculated*) and _____ (*end of time period for which arrearage is calculated*). At any time that support arrearages should exist, all payments made are to be credited to current support obligations first, with any payment in excess of the current obligation applied to the arrearage.

10. If at any time child support payments are ordered to be paid through the Department of Social Services or directly to _____ (*name of party to whom support is paid*), and unless the Court for good cause shown orders otherwise, the parties shall give each other and the Court, and, when payments are to be made through the Department, the Department of Social Services at least thirty (30) days' written notice, in advance, of any change of address and any change of telephone number within thirty (30) days after the change.

11. If at any time child support payments are ordered to be paid through the Department of Social Services, _____ (*name of party paying support*) shall keep the Department of Social Services informed, or if payments are ordered to be paid directly to _____ (*name of party to whom support is paid*), _____ (*name of party paying support*) shall keep the court informed, of (i) the name, address and telephone number of _____ (*his or her – choose only one*) current employer; (ii) any change to _____ (*his or her – choose only one*) employment status; and (iii) if _____ (*he or she – choose only one*) has filed a claim for or is receiving benefits under the provisions of Title 60.2. Any such change in employment status

or filing of a claim shall be communicated to the Department of Social Services or the court in writing within 30 days of such change or filing.

12. If child support payments are ordered to be paid through the Department of Social Services, the party obligated to provide health care coverage shall keep the Department of Social Services informed of any changes in the availability of the health care coverage for the minor child or children, or if payments are ordered to be paid directly to the obligee, the party obligated to provide health care coverage shall keep the other party informed of any changes in the availability of the health care coverage for the minor child or children.

13. The separate amounts due to each person under this Order for child and/or spousal support, are set forth in Paragraph 7 of this Order.

14. Notice is hereby given that in determination of a support obligation, the support obligation as it becomes due and unpaid creates a judgment by operation of law. Pursuant to 20-78.2 interest shall accrue on the arrearage at the judgment rate as established by 6.2-302 unless the obligee, in a writing submitted to the court, waives the collection of interest.

15. Notice is hereby given that on and after July 1, 1994, the Department of Social Services may, pursuant to Chapter 19 of Title 63.2 of the 1950 Code of Virginia, as amended, and in accordance with Section 20-108.2 and Section 63.2-1921 of the 1950 Code of Virginia, as amended, initiate a review of the amount of support ordered by any Court.

16. If any arrearages for child support, including interest or fees, exist at the time the youngest child included in the order emancipates, payments shall continue in the total amount due (current support plus amount applied toward arrearages) at the time of emancipation until all arrearages are paid.

17. Notice is hereby given that, in cases enforced by the Department of Social Services, the Department of Motor Vehicles may suspend or refuse to renew the driver's license, or other document issued under Chapter 3 (§ 46.2, *et seq.*) of Title 46.2 authorizing the operation of a motor

vehicle upon the highways, of any person upon receipt of notice from the Department of Social Services that the person (i) is delinquent in the payment of child support by 90 days or in an amount of \$5,000 or more or (ii) has failed to comply with a subpoena, summons, or warrant relating to paternity or child support proceedings.

And it is further ORDERED that in accordance with the provisions of Section 20-111.1 of the 1950 Code of Virginia, as amended, the following information is provided:

Beneficiary designations for any death benefit, as defined in subsection B of § 20-111.1 of the Code of Virginia, made payable to a former spouse may or may not be automatically revoked by operation of law upon the entry of a final decree of annulment or divorce. If a party intends to revoke any beneficiary designation made payable to a former spouse following the annulment or divorce, the party is responsible for following any and all instructions to change such beneficiary designation given by the provider of the death benefit. Otherwise, existing beneficiary designations may remain in full force and effect after the entry of a final decree of annulment or divorce; and it is further

ORDERED that any future matters relating to child custody, child support, or spousal support is hereby remanded to the Juvenile and Domestic Relations District Court for the County of Fairfax; and this cause is stricken from the active docket of this court.

ENTERED this _____ day of _____, 20____.

Judge

SEEN AND ** _____ :

SEEN AND ** _____ :

Plaintiff

Defendant

Address

Address

Telephone Number

Telephone Number

Email Address

Email address

(** Party has option of agreeing, objecting or just leaving blank)

ATTACHMENT 7

***** THIS IS A SAMPLE ONLY AND NOT TO BE USED AS A FILL-IN-THE-BLANK FORM. DO NOT retype the language in the parenthesis () when you retype this form. The information in each paragraph needs to be changed as necessary for your particular case. This form is NOT intended to be legal advice and should NOT be relied upon as such. You are encouraged to consult an attorney.**

***** Please note that instructions are in bold and/or italics. You should delete the instructions from your document before filing with the court.**

NOTE: As of July 1, 2021, following changes to Virginia Code Sections 20-99 and 20-106, Virginia no longer requires a corroborating witness for a divorce based on no-fault grounds. Consequently, if your divorce is based on no-fault grounds, then you no longer need to submit a Witness Affidavit to corroborate your separation. If you are filing based on fault grounds, then you may not proceed to take evidence in support of a divorce by affidavit without leave of court.

VIRGINIA

IN THE FAIRFAX COUNTY CIRCUIT COURT

_____	:	
	:	
Plaintiff,	:	
	:	
v.	:	CL NO. _____
	:	
_____	:	
	:	
Defendant.	:	

AFFIDAVIT OF PLAINTIFF IN SUPPORT OF DIVORCE

PURSUANT TO VIRGINIA CODE § 20-106

ON THIS day, the _____ (*day*) of _____ (*month*), _____ (*year*),
_____ (*name of Plaintiff*) personally appeared before the undersigned Notary
Public and, after having been first duly sworn according to law, under penalty of perjury, affirms,
pursuant to §20-106 of the 1950 Code of Virginia, as amended, that he/she (*choose only one*) is
over eighteen (18) years of age, competent to testify to the contents of this affidavit, and that the
following facts are true and correct based on personal knowledge:

1. My Name is _____. My address is: _____
_____.

2. I am the Plaintiff/Defendant (*choose only one*) in the above captioned case, and I affirm all of the allegations of the Complaint, a copy of which is attached hereto.

3. I am married to the Plaintiff/Defendant (*choose only one*), _____ (*list full name of your spouse*).

4. Neither I, nor my spouse is currently incarcerated.

5. My spouse and I are both over the age of 18.

6. My spouse and I are each of sound mind and free from any condition that renders either of us legally incompetent.

7. I (*or your spouse if only true for the your spouse*) was at the time of the filing of the suit and had been for at least six months preceding the filing of the suit an actual bona fide resident and domiciliary of this Commonwealth.

(Choose either (a) OR (b) – NOT BOTH. Renumber as #8.)

8(a). There is/are minor ____ child[ren] (*insert number*) born of the parties, born of either party and adopted by the other, or adopted by both parties, namely: _____ (*list all children's names and their dates of birth*). **OR**

(b). There are no minor children either born of the parties, born of either party and adopted by the other, or adopted by both parties.

9. Neither party is currently known to be pregnant from the marriage (*-or- The Wife is not known to be pregnant from the marriage*).

(Choose either #10(a) OR #10(b) — NOT BOTH. Renumber as #10) (If the Defendant is in the military, he/she must sign a waiver of rights under the Servicemembers Civil Relief Act, 50 U.S.C. Appx. § 501 et seq.)

10(a). Neither party is an active duty member of the military service of the United States.

OR

(b). My spouse is an active member of the military service of the United States, and has signed a Servicemembers Civil Relief Act Waiver.

11. My spouse and I were married on _____ (month) _____ (day), _____ (year), in _____ (city), _____ (state).

12. My spouse and I separated¹ on _____, and have lived separate and apart, continuously, without interruption and without cohabitation in excess of the statutory period required by Va. Code § 20-91(A)(9).

13. At the time of separation, _____, it was my intention to live separate and apart from my spouse on a permanent basis and that intention has continued to the present date.

14. There is no hope or possibility of reconciliation.

15. I request that the Court grant me a divorce pursuant to Virginia Code § 20-91(A)(9), based upon having lived separate and apart without any cohabitation and without interruption for a period in excess of one year *(or in excess of six months, if parties have entered a signed Marital Settlement Agreement and have no minor children)*.

16. My spouse and I entered into an Agreement dated _____. *(Delete this is no Agreement and there are no further issues for the court's determination).*

¹ ***If you and your spouse separated while living separate and apart under the same roof, you will need to add additional questions that appear at the end of this document and renumber accordingly.***

17. I recognize and identify the document filed herein and attached as **Exhibit ____** as that Agreement. *(Delete this is no Agreement and there are no further issues for the court's determination).*

18. The Agreement contains the signatures of me and my spouse and resolves all issues arising out of our marriage. *(Delete this is no Agreement and there are no further issues for the court's determination).*

19. I request the Court affirm, ratify and incorporate, but not merge, the _____ Agreement into the Final Order of Divorce. *(Delete this is no Agreement and there are no further issues for the court's determination).*

REMAINDER OF PAGE LEFT INTENTIONALLY BLANK

SIGNATURE APPEARS ON THE FOLLOWING PAGE

I, _____, do hereby swear or affirm that my answers given above are true and accurate to the best of my knowledge.

GIVEN under my hand this _____ day of _____, 20____.

Plaintiff

Commonwealth of Virginia: to-wit:

City/County of _____

Subscribed and sworn to before me by _____, this _____ day of _____, 20____.

NOTARY PUBLIC

Registration Number: _____.

My commission expires: _____.

(Living Separate and Apart Under the Same Roof)

13. I hereby aver and affirm that my spouse and I separated on _____, and we have remained living separate and apart.

- A. We have not shared the same bedroom.
- B. _____ (*state who moved*) moved to a different portion of the house.
- C. We have not had sexual relations.
- D. We have not had meals together.
- E. We have each done our own laundry.
- F. We have not purchased groceries together.
- G. I have told others that my spouse and I have separated.
- H. We have not attended family functions together or celebrated holidays together.
- I. We have lived separate lives.

ATTACHMENT 8

***** THIS IS A SAMPLE ONLY AND NOT TO BE USED AS A FILL-IN-THE-BLANK FORM. DO NOT retype the language in the parenthesis () when you retype this form. The information in each paragraph needs to be changed as necessary for your particular case. This form is NOT intended to be legal advice and should NOT be relied upon as such. You are encouraged to consult an attorney. This sample form is an order to restore a former or maiden name.*****

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

)	
)	
_____ (full name))	
Plaintiff)	
)	
v.	)	Case No. _____
)	
)	
)	
_____ (full name))	
Defendant)	

ORDER FOR CHANGE OF NAME

THIS DAY came _____ (*insert current name of party seeking name change*), who moves this Court pursuant to Va. Code Ann. § 20-121.4 that they be restored to the use of their former name, and

IT APPEARING TO THE COURT that Plaintiff's (or Defendant's) name is _____ (*insert current name*); that they are now divorced and desires to be restored to the use of their former maiden name: _____

(*insert former or maiden name*); that their current address is:

_____ (current address); that they have had the following prior
name changes: _____

_____ (list all prior name changes).

IT FURTHER APPEARING TO THE COURT that this request is proper and should be
granted; it is, therefore

ORDERED that the name of _____ (insert current
name) is hereby changed to _____ (insert former or maiden name); and it
is further

ORDERED that the Clerk of this Court, pursuant to the provisions of Va. Code Ann. §
8.01-217, shall spread the order upon the current deed book, index it in both the old and new
names, and transmit a certified copy of this Order to the State Registrar of Vital Records and the
Central Criminal Records Exchange.

ENTERED this _____ day of _____, 20_____.

Judge
Fairfax County Circuit Court

I ASK FOR THIS:

_____ (your signed name)
Plaintiff, *pro se*

(Type your full name)
(Type your complete address)
(Type your daytime phone number)

Defendant, *pro se* (Defendant's signature)

Printed Name
Address
Phone number
Email Address

(Defendant's signature is required unless notice of the presentation of the final order of divorce to the court for entry has been given or waived as provided by law. The Defendant's signature is not required if (a) he/she signed a Waiver or Acceptance of Service and has not filed an Answer, (b) he/she was served by publication and has not entered an appearance, or (c) the Defendant has executed and filed a Waiver of Notice. If none of these apply and the Defendant does not sign the final order of divorce, use "Form 6" in this packet to put the case on a Motion's Day docket for entry of the Order for Change of Name. You must then serve a notice on the Defendant of the date and time of the presentation of the proposed Order for Change of Name along with a copy of the proposed decree.)

ATTACHMENT 9

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

Plaintiff,
vs.

Defendant

*
*
* CL No. _____
*
*
*

MOTION FOR PENDENTE LITE RELIEF

Plaintiff/Defendant (*choose one*), _____ (*insert name of party filing this Motion*), requests that this Honorable Court grant him/her (*choose one*) *pendente lite* (temporary) relief, and in support thereof, states as follows:

1. Plaintiff and Defendant were married on _____ (*insert date*) and separated on _____ (*insert date*).

2. There is/are (*choose one*) ____ (*insert number*) minor child/children (*choose one*) born of the parties, born of either party and adopted by the other, or adopted by both parties, namely: _____

_____ (*insert full name and date of birth for each child*).

3. The parties last resided as Husband and Wife at _____ (*insert address*). Plaintiff/Defendant (*choose one*) is currently residing in the marital residence with _____ (*include if with the parties' children*).

WHEREFORE, Plaintiff/Defendant (*choose one*) requests that this Court grant him/her (*choose one*) the relief as follows (*check all applicable boxes*):

☐ Temporary Child Support pursuant to the Virginia Child Support Guidelines.

☐ Temporary Spousal Support pursuant to the Fairfax Guidelines.

☐ Plaintiff/Defendant (*choose one*) to provide health insurance coverage for the parties' minor children.

☐ Plaintiff/Defendant (*choose one*) to continue to provide health insurance coverage for Plaintiff/Defendant (*choose one*) pending resolution of this matter.

☐ Plaintiff/Defendant (*choose one*) to be ordered to maintain any existing life insurance policies for the benefit of the parties' minor children.

☐ Plaintiff/Defendant (*choose one*) to timely make all mortgage and other payments necessary to maintain the marital residence pending resolution of this matter.

☐ Plaintiff/Defendant (*choose one*) to contribute to the payment of other marital debts pending resolution of this matter.

☐ Plaintiff/Defendant (*choose one*) to have exclusive use and possession of the marital residence pending a final determination by this court.

☐ Plaintiff/Defendant (*choose one*) to have exclusive use and possession of the vehicle:
_____ (*insert year, make and model of car*).

☐ Plaintiff/Defendant (*choose one*) to be prohibited from spending or otherwise dissipating marital assets.

☐ Plaintiff/Defendant (*choose one*) to be prohibited from bothering, hazing, or threatening Plaintiff/Defendant (*choose one*) at home, work or otherwise.

☐ Plaintiff/Defendant (*choose one*) to provide Plaintiff/Defendant (*choose one*) with preliminary counsel fees in the amount of \$_____ to move forward with this case.

And such other and further relief as this court deems just and proper.

Respectfully Submitted,

(Signature)

(Print name)

Plaintiff/Defendant (*choose one*), *pro se*

(address)

_____ (telephone number)
_____ (email address)

CERTIFICATE OF SERVICE

I hereby certify that on _____ (*insert date*) a true copy of this Motion for
Pendente Lite Relief was sent by (*check all that apply*):

- ☐ mail first-class, postage pre-paid to the address below;
☐ fax to (____) _____,
☐ e-mail (by agreement) to _____, and/or
☐ hand-delivery on _____, 20____,

to:

Name: _____

Address: _____

Plaintiff/Defendant (*choose one*)

ATTACHMENT 10A

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

_____	*
Plaintiff,	*
vs.	* CL No. _____
	*
_____	*
Defendant	*

PENDENTE LITE
CHILD SUPPORT ORDER

THIS CAUSE came on to be heard upon pending motions for *pendente lite* relief;

Notices and Information:

ORDERED that in accordance with the provisions of Section 20-60.3 of the 1950 Code of Virginia, as amended, the following information is provided:

1. Notice is hereby given that support payments may be withheld as they become due pursuant to Section 20-79.1 or Section 20-79.2 of the 1950 Code of Virginia, as amended, from income as defined in Section 63.2-1900 of the 1950 Code of Virginia, as amended, without further amendments of this Order and Decree or having to file an application for services with the Department of Social Services.

2. Notice is hereby given that support payments may be withheld pursuant to Chapter 19 (Section 63.2-1900, *et seq.*) of Title 63.2 of the 1950 Code of Virginia, as amended, without further amendments to this Order and Decree upon application for services with the Department of Social Services.

3. A duty of support is owed to: _____

_____ (list the name, date of birth and last four digits of the social security number of each

child for whom a duty of support exists). The party responsible for paying support is: _____ (give name of party who will be paying the support, the Plaintiff or the Defendant).

4. The following information is provided for the parties:

Plaintiff

Name: _____
Residential Address: _____
Mailing Address: _____
Residential Phone No.: _____
Date of Birth: _____
Last Four Digits of Soc. Sec. No.: _____
Employer: _____
Employer's Address: _____
Work Phone No.: _____
Driver License No. & State: _____
Full Soc. Sec. No.: **See Private Addendum** (Put the Social Security Number in the separate addendum at the end. **DO NOT PUT SOCIAL SECURITY NUMBERS ANYWHERE EXCEPT THE ADDENDUM**)

Defendant

Name: _____
Residential Address: _____
Mailing Address: _____
Residential Phone No.: _____
Date of Birth: _____
Last Four Digits of Soc. Sec. No.: _____
Employer: _____
Employer's Address: _____
Work Phone No.: _____
Driver License No. & State: _____
Full Soc. Sec. No.: **See Private Addendum** (Put the Social Security Number in the separate addendum at the end. **DO NOT PUT SOCIAL SECURITY NUMBERS ANYWHERE EXCEPT THE ADDENDUM**)

5. Notice is hereby given that, pursuant to § 20-124.2, support will continue to be paid for any child over the age of 18 who is (i) a full-time high school student, (ii) not self-supporting, and (iii) living in the home of the party seeking or receiving child support until such child reaches the age of 19 or graduates from high school, whichever occurs first, and that the court may also order that support be paid or continue to be paid for any child over the age of 18 who is (a) severely and permanently mentally or physically disabled, and such disability existed prior to the child

reaching the age of 18 or the age of 19 if the child met the requirements of clauses (i), (ii), and (iii); (b) unable to live independently and support himself; and (c) residing in the home of the parent seeking or receiving child support.

6. Notice is hereby given that a petition may be filed for the suspension of any license, certificate, registration or other authorization to engage in a profession, trade, business, occupation or recreational activity issued by the Commonwealth of Virginia to a parent upon a delinquency for a period of ninety (90) days or more or in the amount of \$5,000.00 or more. The following party(ies) _____ hold(s) _____ the _____ following _____ license(s):

_____ (list any license(s) either party may hold or if a party does not hold a license, clearly state so in the paragraph above).

7. The Plaintiff/Defendant (*choose one*) is ordered to pay child support in the amount of \$_____ per month to the Plaintiff/Defendant (*choose one*) for support of the minor child/children (*choose one*) of the parties. Payment shall be due on or before the _____ day of every month, commencing on _____ (*insert date first payment is due*) and continuing until the earliest to occur of: (i) the death of either party, (ii) the child reaches the age of 18 (unless a provision of paragraph 5 above governs), or (iii) further order of this Court.

8. The Plaintiff/Defendant (*choose one*) is to provide at that party's expense adequate health insurance for the benefit of the parties' minor child/children (*choose one*). Such coverage is to be provided through _____ (*name of insurance company*) (a) under privately obtained policy, number _____ (*insert the policy number*) **OR** (b) the _____ (*Plaintiff's/Defendant's – choose only one*), employment with _____ (*name of Employer*), policy number _____ (*insert policy number*). (**Choose either (a) or (b).**)

In addition, any unreimbursed medical expenses incurred by either parent on behalf of a minor child of the parties shall be shared between the parties in the same proportion as their income when child support was determined with the Plaintiff paying ____% and the Defendant paying ____%. Each party shall reimburse the other party his or her share within 30 days after receiving from the other party a receipt for such expense.

9. The Plaintiff/Defendant (*choose one*) owes a child support arrearage of \$_____ as of _____ (*insert date of entry of Order*) for the period between _____ (*start of time period for which arrearage is calculated*) and _____

_____ (*end of time period for which arrearage is calculated*). At any time that support arrearages should exist, all payments made are first to be credited to current support obligations, with any payment in excess of the current obligation applied to the arrearage.

10. If at any time child support payments are ordered to be paid through the Department of Social Services or directly to the payee, and unless the Court for good cause shown orders otherwise, the parties shall give each other and the Court, and, when payments are to be made through the Department, the Department of Social Services at least thirty (30) days' written notice, in advance, of any change of address and of any change of telephone number within thirty (30) days after the change.

11. If at any time child support payments are ordered to be paid through the Department of Social Services, the payor shall keep the Department of Social Services informed, or if payments are ordered to be paid directly to the payee, the payor shall keep the court informed, of (i) the name, address and telephone number of his or her current employer; (ii) any change to his or her employment status; and (iii) if he or she has filed a claim for or is receiving benefits under the provisions of Title 60.2. Any such change in employment status or filing of a claim shall be communicated to the Department of Social Services or the court in writing within 30 days of such change or filing.

12. If child support payments are ordered to be paid through the Department of Social Services, the party obligated to provide health care coverage shall keep the Department of Social Services informed of any changes in the availability of the health care coverage for the minor child or children, or if payments are ordered to be paid directly to the obligee, the party obligated to provide health care coverage shall keep the other party informed of any changes in the availability of the health care coverage for the minor child or children.

13. The separate amounts due to each person under this Order for support are set forth in Paragraph 7 of this Order.

14. Notice is hereby given that in determination of a support obligation, the support obligation as it becomes due and unpaid creates a judgment by operation of law. Pursuant to 20-78.2 interest shall accrue on the arrearage at the judgment rate as established by 6.2-302 unless the obligee, in a writing submitted to the court, waives the collection of interest.

15. Notice is hereby given that on and after July 1, 1994, the Department of Social

Services may, pursuant to Chapter 19 of Title 63.2 of the 1950 Code of Virginia, as amended, and in accordance with Section 20-108.2 and Section 63.2-1921 of the 1950 Code of Virginia, as amended, initiate a review of the amount of support ordered by any Court.

16. If any arrearages for child support, including interest or fees, exist at the time the youngest child included in the order emancipates, payments shall continue in the total amount due (current support plus amount applied toward arrearages) at the time of emancipation until all arrearages are paid.

17. Notice is hereby given that, in cases enforced by the Department of Social Services, the Department of Motor Vehicles may suspend or refuse to renew the driver's license, or other document issued under Chapter 3 (§ 46.2, *et seq.*) of Title 46.2 authorizing the operation of a motor vehicle upon the highways, of any person upon receipt of notice from the Department of Social Services that the person (i) is delinquent in the payment of child support by 90 days or in an amount of \$5,000 or more or (ii) has failed to comply with a subpoena, summons, or warrant relating to paternity or child support proceedings.

WHEREUPON, the Court having considered the factors set forth in the Code of Virginia, the testimony and evidence submitted and the arguments of Counsel, it is

ORDERED as follows:

1. Child Support: The Plaintiff/Defendant (*choose one*) shall pay to the Plaintiff/Defendant (*choose one*), as child support, the sum of \$_____ per month, beginning _____ (*insert date first payment is due*) and to be paid on or before the ____ day of each month thereafter, until further order of this Court.

a. Termination of Support: Pursuant to Virginia Code § 20-124.2, support shall continue to be paid for any child over the age of 18 who is (i) a full-time high school student, (ii) not self-supporting, and (iii) living in the home of the party seeking or receiving child support until such child reaches the age of 19 or graduates from high school, whichever occurs first, and the court may also order the continuation of support for any child over the age of 18 who is (a) severely and permanently mentally or physically disabled, and such disability existed prior to the child reaching the age of 18 or the age of 19 if the child met the requirements of clauses (i), (ii), and (iii), (b) unable to live independently and support himself, and (c) residing in the home of the parent seeking or receiving child support.

b. Medical Expenses: The parties shall pay, in proportion to their gross incomes as used for calculating the monthly support obligation, all reasonable and necessary unreimbursed medical or dental expenses for each child subject of this Order. Each party shall pay his respective share of expenses as they are incurred by reimbursing the other party his or her share within 30 days of receiving a receipt for payment from the other party.

c. Support Determination: The child support herein was determined by agreement / the court (*choose one*). If the court set the child support, it was done pursuant to (a) the presumptive amount as set forth in the statutory guidelines or (b) a deviation from the presumptive amount considering the reasons set forth in the written findings attached hereto (*choose either (a) or (b)*).

2. Tax Exemptions: The Plaintiff/Defendant (*choose one*) shall be allowed to claim the tax exemption for the parties' minor children in the following tax years: _____ . The other party shall be allowed to claim the tax exemption in all other tax years. (*If no such ruling was made by the Court or by agreement, strike out this paragraph*)

Choose either 3(a) or 3(b) below, not both.

3. Payment of Support - Income Deduction Order:

(a) For good cause shown to this court, or by agreement of the parties, the payments of support pursuant to this order shall be paid directly to the recipient and shall not be by an Income Deduction Order. OR

(b) Pursuant to Virginia Code § 20-79.2, the support set forth above shall be payable by an Income Deduction Order directing that the payment of support shall be withheld from the income of the Plaintiff / Defendant (*choose one*) and said payments shall be forwarded by the employer to the Department of Child Support Enforcement.

4. Health Care Coverage:

a. For Children: The Plaintiff/Defendant (*choose one*) is to provide at that party's expense adequate health insurance for the benefit of the parties' minor child/children (*choose*

one). Such coverage will be provided by insurance obtained privately / through the party's employer (*choose one*).

b. For Spouse or Former Spouse: The Plaintiff/Defendant (*choose one*) shall provide health care insurance coverage for the Plaintiff/Defendant (*circle one*).

(If neither party is ordered to maintain health insurance for the other, strike this sub-section out and write in "Health insurance for a spouse or former spouse is not required by this Order.")

c. Information Regarding Policy:

The health insurance carrier providing coverage applicable to this Order is: (*Check the box next to one of the two options below and complete its requested information.*)

☐ Privately obtained and the insurance carrier is _____, and the Policy Number is: _____. **OR**

☐ The coverage is provided as a benefit of the employment of _____ by his/her employer, _____ (Name of Employer). The insurance carrier is _____ and the policy number is _____.

(Strike out all provisions in the below section that do not apply to your case)

5. Arrearages:

The Plaintiff / Defendant (*choose one*) owes a child support arrearage of \$_____ as of _____ (*insert date*). This arrearage is to be paid at a rate of \$_____ per month, in addition to regular support, until the arrearage is paid off. At any time that support arrearages should exist, all payments made are first to be credited to current support obligations, with any payment in excess of the current obligation applied to the arrearage.

(Strike out all provisions in the below section that do not apply to your case)

6. Marital Residence and Mortgage Payment:

a. The Plaintiff/Defendant (*choose one*) is hereby awarded exclusive use and possession of the marital residence at _____. (*insert address of marital residence*)

b. The Plaintiff/Defendant (*choose one*) shall pay the mortgage payment (including taxes and insurance) on the parties' marital residence located at _____ (*insert address of marital residence*) until further order of this Court.

(Strike out all provisions in the below section that do not apply to your case)

7. Preliminary Counsel Fees and Costs:

The Plaintiff/Defendant (*choose one*) shall pay to the Plaintiff / Defendant (*choose one*), as preliminary counsel fees and costs, the sum of \$_____ to be paid _____. (*insert any instructions court gave on how and when payment is to be made*).

(Strike out all provisions in the below section if it does not apply to your case).

8. Other Provisions:

(Insert below any other rulings made by the Court not already included in this Order. If more space is needed, indicate that, and attach another sheet of paper to this Order.)

AND THIS CAUSE IS CONTINUED.

ENTERED this ____ day of _____, 20 ____ .

JUDGE

SEEN AND ** _____: SEEN AND ** _____:

Plaintiff

Address

Telephone Number

Email Address

Defendant

Address

Telephone Number

Email address

(** Party has option of agreeing, objecting or just leaving blank)

**To Be Completed by the Court When Support is
Determined by the Court in a Contested Hearing**

Court Findings and Factors Used in Determining Support:

1. The Court finds that:

Father's gross income is: \$ _____. Mother's gross income is: \$ _____.

The number of children to be supported pursuant to this Order is: _____.

The Custody/Principal Residence is: _____.

The applicable guideline is: ☐ sole custody; ☐ split; ☐ shared custody.

The work-related child care costs are: \$ _____.

The cost of health insurance for the children is: \$ _____. Paid by: _____.

2. The presumptive support, pursuant to the support guideline of §20-108.1 and §20-108.2 is: \$ _____ per month, payable by _____.

3. The Court awards support of \$ _____ per month, payable per the following terms;

_____.

4. Unreimbursed medical expenses of the children shall be shared as follows:

_____, for the following reasons: _____.

_____.

5. The Court finds that the application of the presumptive guideline would be unjust or inappropriate in this case, pursuant to §20-108.1.B, and the support awarded herein would be more just and appropriate, for the following reasons:

_____.

_____.

_____.

_____.

_____.

_____.

_____.

ENTERED this ____ day of _____, 20__.

JUDGE

PRIVATE ADDENDUM
Pursuant to Va. Code §20-121.03

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

)	
Plaintiff)	
)	
v.	)	CL No. _____
)	
)	
Defendant)	

PRIVATE ADDENDUM
TO *PENDENTE LITE* ORDER

This document is a Private Addendum, and is an integral part of the *Pendente Lite* Order entered in this matter. This Addendum contains identification numbers which are restricted from being contained in a Public Order of this Court. References herein are to that *Pendente Lite* Order.

The Social Security Number of the Plaintiff is: ____ - __ - ____.

The Social Security Number of the Defendant is: ____ - __ - ____.

SEEN AND ** _____: SEEN AND ** _____:

Plaintiff	Defendant
Address	Address
Telephone Number	Telephone Number
Email Address	Email address

(** Party has option of agreeing, objecting or just leaving blank)

ATTACHMENT 10B

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

	*	
Plaintiff,	*	
vs.	*	CL NO. _____
	*	
Defendant	*	

PENDENTE LITE
SPOUSAL SUPPORT ORDER

THIS CAUSE came on to be heard upon the motion for *pendente lite* relief;

Notices and Information:

The parties to this Order have no minor children whom they have a mutual duty to support.

Pursuant to §20-107.1(H), Code of Virginia, the parties are hereby notified of the following provisions of Virginia law and the parties hereby represent to this Court that the information provided below is true information:

1. The following is true information regarding the parties:

Person responsible for paying spousal support is: Plaintiff / Defendant (*choose one*)

Plaintiff

Name: _____

Residential

Address: _____

Mailing

Address: _____

Residential Phone No.: _____

Date of Birth:

Last Four Digits of Soc. Sec. No.:

Employer:

Employer's Address:

Work Phone No.:

Driver License No. & State:

Full Soc. Sec. No.: **See Private Addendum** (*Put the Social Security Number in the separate addendum at the end. DO NOT PUT SOCIAL SECURITY NUMBERS ANYWHERE EXCEPT THE ADDENDUM*)

Defendant

Name: _____

Residential

Address: _____

Mailing

Address: _____

Residential Phone

No.: _____

Date of Birth: _____

Last Four Digits of Soc. Sec. No.:

Employer:

Employer's Address:

Work Phone No.:

Driver License No. & State:

Full Soc. Sec. No.: **See Private Addendum** (*Put the Social Security Number in the separate addendum at the end. DO NOT PUT SOCIAL SECURITY NUMBERS ANYWHERE EXCEPT THE ADDENDUM*)

Note: If any of above information is not provided because of an exception pursuant to §20-107.1.H.1 , state the exception: _____ (*write "N/A" if no such exception applies*)

2. The amount of the spousal support set forth herein is expressed in fixed sums, together with the payment interval and the date the first payment is due.

3. This Order does / does not contain a health care provision for a spouse or former spouse.
(Choose either “does” or “does not”)

4. There is a spousal support arrearage of \$ _____ as of _____ (date) for the period between _____ (start of time period for which arrearage is calculated) and _____ (end of time period for which arrearage is calculated). At any time that support arrearages should exist, all payments made are to be credited to current support obligations first, with any payments in excess of the current obligation applied to the arrearage. (Insert amount of arrearage in the blank. If there is no arrearage, insert a “0”)

5. If spousal support payments are ordered to be paid directly to the obligee, and unless the court for good cause shown orders otherwise, the parties shall give each other and the court at least 30 days’ written notice, in advance, of any change of address and any change of telephone number within 30 days after the change.

6. Notice is hereby given that in determination of a support obligation, the support obligation as it becomes due and unpaid creates a judgment by operation of law.

WHEREUPON, the Court having considered the statutory factors set forth in the Code of Virginia, and all testimony and evidence submitted and the arguments of Counsel, it is

ORDERED as follows:

1. Spousal Support:

a. The Plaintiff/Defendant (choose one) shall pay to the Plaintiff/Defendant (choose one), as spousal support, the sum of \$ _____ per _____ (insert “week”, “month”, or other frequency set by the court), beginning _____ (insert date the first payment is to be made), and to be paid _____ (insert how frequently payments are to be made and one what days/dates they are to be made).

b. Said support shall be payable until the earliest to occur of: (i) the death of either party; (ii) the remarriage of the recipient; (iii) the cohabitation of the recipient with another person, as defined in §20-109.A, Virginia Code; or (iv) until further order of this Court.

c. The spousal support set forth herein was determined by agreement / by the court.
(choose one)

2. Health Care Coverage:

a. Health insurance is not required by this Order.

(If health insurance is not required, circle the above line and leave the remainder of this section blank. If it is required, strike out this line, and fill out the rest of this section) **OR**

b. Health insurance is required by this Order. The Plaintiff / Defendant (choose one) shall provide health care insurance coverage for the Plaintiff / Defendant (choose one).

c. Information Regarding Policy:

The health insurance carrier providing coverage applicable to this Order is: (Check the box next to one of the two options below and complete its requested information.)

[] Privately obtained and the insurance carrier is _____, and the Policy Number is: _____ **OR**

[] The coverage is provided as a benefit of the employment of _____ by his/her employer, _____ (Name of Employer). The insurance carrier is _____ and the policy number is _____.

(Strike out all provisions in the below section that do not apply to your case)

3. Arrearages:

a. There are no spousal support arrearages. **OR**

b. The Plaintiff / Defendant (choose one) is in arrears in spousal support as of _____ (enter date Order is entered) in the amount of \$ _____. Said arrearage shall be repaid at the rate of \$ _____ per _____ (insert "month," "week," or other period set by the court) in addition to regular support. Payments of support shall be credited to current support obligations first, with any payment in excess of the current obligation applied to arrearages.

(Strike out all provisions in the below section that do not apply to your case)

4. Marital Residence and Mortgage Payment:

a. The Plaintiff/Defendant (*choose one*) is hereby awarded exclusive use and possession of the marital residence at _____. (*insert address of marital residence*)

b. The Plaintiff/Defendant (*choose one*) shall pay the mortgage payment (including taxes and insurance) on the parties' marital residence located at _____ (*insert address of marital residence*) until further order of this Court.

(Strike out all provisions in the below section that do not apply to your case)

5. Preliminary Counsel Fees and Costs:

The Plaintiff/Defendant (*choose one*) shall pay to the Plaintiff/Defendant (*choose one*), as preliminary counsel fees and costs, the sum of \$_____ to be paid _____. (*insert any instructions court gave on how and when payment is to be made*).

(Strike out all provisions in the below section that do not apply to your case)

6. Other Provisions:

(Insert below any other rulings made by the Court not already included in this Order. If more space is needed, indicate that, and attach another sheet of paper to this Order.)

AND THIS CAUSE IS CONTINUED.

ENTERED this ____ day of _____, 20__ .

JUDGE

SEEN AND ** _____: SEEN AND ** _____:

Plaintiff

Address

Telephone Number

Email Address

Defendant

Address

Telephone Number

Email address

(** Party has option of agreeing, objecting or just leaving blank)

PRIVATE ADDENDUM
Pursuant to Va. Code §20-121.03

VIRGINIA :

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

	*	
Plaintiff,	*	
vs.	*	CL No. _____
	*	
	*	
Defendant	*	

PRIVATE ADDENDUM
TO *PENDENTE LITE* ORDER

This document is a Private Addendum, and is an integral part of the Spousal Support *Pendente Lite* Order entered in this matter. This Addendum contains identification numbers which are restricted from being contained in a Public Order of this Court. References herein are to the aforesaid order.

Page 1 & 2, Para 1:

The Social Security Number of the Plaintiff is: ____ - ____ - ____.

The Social Security Number of the Defendant is: ____ - ____ - ____.

SEEN AND ** _____ : SEEN AND ** _____ :

Plaintiff
Address
Telephone Number
Email Address

Defendant
Address
Telephone Number
Email address

(** Party has option of agreeing, objecting or just leaving blank)

ATTACHMENT 10C

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

_____	*	
Plaintiff,	*	
vs.	*	CL No. _____
	*	
_____	*	
Defendant	*	

PENDENTE LITE
CHILD AND SPOUSAL SUPPORT ORDER

THIS CAUSE came on to be heard upon pending motions for *pendente lite* relief;

Notices and Information:

ORDERED that in accordance with the provisions of Section 20.60.3 of the 1950 Code of Virginia, as amended, the following information is provided:

1. Notice is hereby given that support payments may be withheld as they become due pursuant to Section 20-79.1 or Section 20-79.2 of the 1950 Code of Virginia, as amended, from income as defined in Section 63.2-1900 of the 1950 Code of Virginia, as amended, without further amendments of this Order and Decree or having to file an application for services with the Department of Social Services;

2. Notice is hereby given that support payments may be withheld pursuant to Chapter 19 (Section 63.2-1900, *et seq.*) of Title 63.2 of the 1950 Code of Virginia, as amended, without further amendments to this Order and Decree upon application for services with the Department of Social Services;

3. A duty of support is owed to:

(list the name, date of birth and last four digits of the social security number of each child for whom a duty of support exists).

The party responsible for paying support is the plaintiff / defendant (*circle one*);

4. The following information is provided for the parties:

Plaintiff

Name: _____
Residential Address: _____
Mailing Address: _____
Residential Phone No.: _____
Date of Birth: _____
Last Four Digits of Soc. Sec. No.: _____
Employer: _____
Employer's Address: _____
Work Phone No.: _____
Driver License No.: _____
Full Soc. Sec. No.: See Privacy Addendum (*Put the Social Security Number in the separate addendum at the end. DO NOT PUT SOCIAL SECURITY NUMBERS ANYWHERE EXCEPT THE ADDENDUM*)

Defendant

Name: _____
Residential Address: _____
Mailing Address: _____
Residential Phone No.: _____
Date of Birth: _____
Last Four Digits of Soc. Sec. No.: _____
Employer: _____
Employer's Address: _____
Work Phone No.: _____
Driver License No.: _____
Full Soc. Sec. No.: See Privacy Addendum (*Put the Social Security Number in the separate addendum at the end. DO NOT PUT SOCIAL SECURITY NUMBERS ANYWHERE EXCEPT THE ADDENDUM*)

5. Notice is hereby given that, pursuant to § 20-124.2, support will continue to be paid for any child over the age of 18 who is (i) a full-time high school student, (ii) not self-supporting, and (iii) living in the home of the party seeking or receiving child support until such child reaches the age of 19 or graduates from high school, whichever occurs first, and that the court may also order that support be paid or continue to be paid for any child over the age of 18 who is (a) severely and permanently mentally or physically disabled, and such disability existed prior to the child reaching the age of 18 or the age of 19 if the child met the requirements of clauses (i), (ii), and (iii); (b) unable to live independently and support himself; and (c) residing in the home of the parent seeking or receiving child support;

6. Notice is hereby given that a petition may be filed for the suspension of any license, certificate, registration or other authorization to engage in a profession, trade, business, occupation or recreational activity issued by the Commonwealth of Virginia to a parent upon a delinquency for a period of ninety (90) days or more or in the amount of \$5,000.00 or more. The following party(ies) hold(s) _____ the _____ following _____ license(s):

(list any license(s) either party may hold or if neither party holds a license, clearly state so in the paragraph above).

7. The plaintiff / defendant (*circle one*) is ordered to pay child support in the amount of \$_____ per month to the plaintiff / defendant (*circle one*) for support of the minor children of the parties. Payment shall be due on or before the _____ day of every month, commencing on _____ (*insert date first payment is due*) and continuing until the earliest to occur of: (i) the death of either party, (ii) the child reaches the age of 18 (unless a provision of paragraph 5 above governs), or (iii) further order of this Court;

8. The plaintiff / defendant (*circle one*) is to provide at that party's expense adequate health insurance for the benefit of the parties' minor children. Such coverage will be provided by insurance obtained privately / through the party's employer (*circle one*).

In addition, any unreimbursed medical expenses incurred by either parent on behalf of a minor child of the parties shall be shared between the parties in the same proportion as their income when child support was determined with the Plaintiff paying ____% and the Defendant paying ____%. Each party shall reimburse the other party his or her share within 30 days after receiving from the other party a receipt for such expense.

9. The plaintiff / defendant (*circle one*) owes a child support arrearage of \$_____ as of _____ (*insert date of entry of Order*) for the period between _____ (*start of time period for which arrearage is calculated*) and _____ (*end of time period for which arrearage is calculated*). At any time that support arrearages should exist, all payments made are first to be credited to current support obligations, with any payment in excess of the current obligation applied to the arrearage

10. If at any time child support payments are ordered to be paid through the Department of Social Services or directly to the payee, and unless the Court for good cause shown orders otherwise, the parties shall give each other and the Court, and, when payments are to be made through the

Department, the Department of Social Services at least thirty (30) days' written notice, in advance, of any change of address and of any change of telephone number within thirty (30) days after the change.

11. If at any time child support payments are ordered to be paid through the Department of Social Services, the payor shall keep the Department of Social Services informed of the name, address and telephone number of his or her current employer, or if at any time payments are ordered to be paid directly to the payee, the payor shall keep the Court informed of the name, address and telephone number of his or her current employer;

12. If child support payments are ordered to be paid through the Department of Social Services, the party obligated to provide health care coverage shall keep the Department of Social Services informed of any changes in the availability of the health care coverage for the minor child or children, or if payments are ordered to be paid directly to the obligee, the party obligated to provide health care coverage shall keep the other party informed of any changes in the availability of the health care coverage for the minor child or children.

13. Notice is hereby given that in determination of a support obligation, the support obligation as it becomes due and unpaid creates a judgment by operation of law. Pursuant to 20-78.2 interest shall accrue on the arrearage at the judgment rate as established by 6.2-302 unless the obligee, in a writing submitted to the court, waives the collection of interest.

14. Notice is hereby given that on and after July 1, 1994, the Department of Social Services may, pursuant to Chapter 19 of Title 63.2 of the 1950 Code of Virginia, as amended, and in accordance with Section 20-108.2 and Section 63.2-1921 of the 1950 Code of Virginia, as amended, initiate a review of the amount of support ordered by any Court.

15. If any arrearages for child support, including interest or fees, exist at the time the youngest child included in the order emancipates, payments shall continue in the total amount due (current support plus amount applied toward arrearages) at the time of emancipation until all arrearages are paid.

16. Notice is hereby given that, in cases enforced by the Department of Social Services, the Department of Motor Vehicles may suspend or refuse to renew the driver's license of any person upon receipt of notice from the Department of Social Services that the person (i) is delinquent in the payment of child support by 90 days or in an amount of \$5,000 or more or (ii) has failed to comply with a subpoena, summons, or warrant relating to paternity or child support proceedings; and it is further

WHEREUPON, the Court having considered the factors set forth in the Code of Virginia, the

testimony and evidence submitted and the arguments of Counsel, it is

ORDERED as follows:

1. Child Support: The plaintiff / defendant (*circle one*) shall pay to the plaintiff / defendant (*circle one*), as child support, the sum of \$_____ per month, beginning _____ (*insert date first payment is due*) and to be paid on or before the ____ day of each month thereafter, until further order of this Court.

a. Termination of Support: Pursuant to Virginia Code § 20-124.2, support shall continue to be paid for any child over the age of 18 who is (i) a full-time high school student, (ii) not self-supporting, and (iii) living in the home of the party seeking or receiving child support until such child reaches the age of 19 or graduates from high school, whichever occurs first, and the court may also order the continuation of support for any child over the age of 18 who is (a) severely and permanently mentally or physically disabled, (b) unable to live independently and support himself, and (c) residing in the home of the parent seeking or receiving child support.

b. Medical Expenses: The parties shall pay, in proportion to their gross incomes as used for calculating the monthly support obligation, all reasonable and necessary unreimbursed medical or dental expenses for each child subject of this Order. Each party shall pay his respective share of expenses as they are incurred by reimbursing the other party his or her share within 30 days of receiving a receipt for payment from the other party.

c. Support Determination: The child support herein was determined by agreement / the court (*circle one*). If the court set the child support, it was done pursuant to the presumptive amount as set forth in the statutory guidelines / a deviation from the presumptive amount considering the reasons set forth in the written findings attached hereto (*circle one*).

2. Tax Exemptions: The plaintiff / defendant (*circle one*) shall be allowed to claim the tax exemption for the parties' minor children in the following tax years: _____. The other party shall be allowed to claim the tax exemption in all other tax years. (*If no such ruling was made by the Court or by agreement, strike out this paragraph*)

3. Spousal Support:

a. The plaintiff / defendant (*circle one*) shall pay to the plaintiff / defendant (*circle one*), as spousal support, the sum of \$_____ per _____ (*insert "week", "month", or other duration set by the court*), beginning _____ (*insert date the first*

payment is to be made), and to be paid _____ (insert how frequently payments are to be made and one what days/dates they are to be made).

b. This support shall be taxable income to the Recipient and shall be deductible as spousal support by the Payor.

c. Said support shall be payable until the earliest to occur of: (i) the death of either party; (ii) the remarriage of the recipient; (iii) the cohabitation of the recipient with another person, as defined in §20-109.A, Virginia Code; or (iv) until further order of this Court.

d. The spousal support set forth herein was determined by agreement / by the court. (*circle one*)

Choose either 4(a) or 4(b) below, not both.

4. Payment of Support - Income Deduction Order:

(a) For good cause shown to this court, or by agreement of the parties, the payments of support pursuant to this order shall be paid directly to the recipient and shall not be by an Income Deduction Order. **OR**

(b) Pursuant to Virginia Code § 20-79.2, the support set forth above shall be payable by an Income Deduction Order directing that the payment of support shall be withheld from the income of the plaintiff / defendant (*circle one*) and said payments shall be forwarded by the employer to the Department of Child Support Enforcement.

5. Health Care Coverage:

a. For Children: The plaintiff / defendant (*circle one*) is to provide at that party's expense adequate health insurance for the benefit of the parties' minor children. Such coverage will be provided by insurance obtained privately / through the party's employer (*circle one*).

b. For Spouse or Former Spouse: The plaintiff / defendant (*circle one*) shall provide health care insurance coverage for the plaintiff / defendant (*circle one*).

(If neither party is ordered to maintain health insurance for the other, strike this sub-section out and write in "Health insurance for a spouse or former spouse is not required by this Order.")

c. Information Regarding Policy:

The health insurance carrier providing coverage applicable to this Order is:

[] Privately obtained and the insurance carrier is _____, and the Policy Number is: _____ **OR**

[] The coverage is provided as a benefit of the employment of _____ by his/her employer, _____ (Name of Employer). The insurance carrier is _____ and the policy number is _____.

(Check the box next to one of the two options above and complete its requested information.)

(Strike out all provisions in the below section that do not apply to your case)

6. Arrearages:

The plaintiff / defendant (*circle one*) owes a child support arrearage of \$_____ as of _____ (*insert date*). This arrearage is to be paid at a rate of \$_____ per month, in addition to regular support, until the arrearage is paid off. At any time that support arrearages should exist, all payments made are first to be credited to current support obligations, with any payment in excess of the current obligation applied to the arrearage.

(Strike out all provisions in the below section that do not apply to your case)

7. Marital Residence and Mortgage Payment:

a. The plaintiff / defendant (*circle one*) is hereby awarded exclusive use and possession of the marital residence at _____. (*insert address of marital residence*)

b. The plaintiff / defendant (*circle one*) shall pay the mortgage payment (including taxes and insurance) on the parties' marital residence located at _____ (*insert address of marital residence*) until further order of this Court.

(Strike out all provisions in the below section that do not apply to your case)

8. Preliminary Counsel Fees and Costs:

The plaintiff / defendant (*circle one*) shall pay to the plaintiff / defendant (*circle one*), as preliminary counsel fees and costs, the sum of \$_____ to be paid _____. (*insert any instructions court gave on how and when payment is to be made*).

(Strike out all provisions in the below section that do not apply to your case)

9. Other Provisions:

(Insert below any other rulings made by the Court not already included in this Order. If more space is needed, indicate that, and attach another sheet of paper to this Order.)

AND THIS CAUSE IS CONTINUED.

ENTERED this ____ day of _____, 20__ .

JUDGE

SEEN AND ** _____: SEEN AND ** _____:

Plaintiff

Address

Telephone Number

Facsimile Number

Email Address

Defendant

Address

Telephone Number

Facsimile Number

Email address

**** Party has option of agreeing, objecting or just leaving blank:**

**To Be Completed by the Court When Support is
Determined by the Court in a Contested Hearing**

Court Findings and Factors Used in Determining Support:

1. The Court finds that:

Father's gross income is: \$_____. Mother's gross income is: \$_____.

The number of children to be supported pursuant to this Order is: _____.

The Custody/Principal Residence is: _____.

The applicable guideline is: ☐ sole custody; ☐ split; ☐ shared custody.

The work-related child care costs are: \$_____.

The cost of health insurance for the children is: \$_____. Paid by: _____.

2. The presumptive support, pursuant to the support guideline of §20-108.1 and §20-108.2 is:
\$_____ per month, payable by _____.

3. The Court awards support of \$_____ per month, payable per the following terms;
_____.

4. Unreimbursed medical expenses of the children shall be shared as follows:
_____, for the following reasons: _____.

5. The Court finds that the application of the presumptive guideline would be unjust or inappropriate in this case, pursuant to §20-108.1.B, and the support awarded herein would be more just and appropriate, for the following reasons:

_____.

ENTERED this ____ day of _____, 20__.

JUDGE

PRIVATE ADDENDUM
Pursuant to Va. Code §20-121.03

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

<hr/>)	
Plaintiff)	
)	
v.	)	CL No. <hr/>
)	
<hr/>)	
Defendant)	

PRIVATE ADDENDUM
TO *PENDENTE LITE* ORDER

This document is a Private Addendum, and is an integral part of the *Pendente Lite* Order entered in this matter. This Addendum contains identification numbers which are restricted from being contained in a Public Order of this Court. References herein are to that *Pendente Lite* Order.

The Social Security Number of the Plaintiff is: ____ - __ - ____.

The Social Security Number of the Defendant is: ____ - __ - ____.

SEEN AND ** _____: SEEN AND ** _____:

<hr/>	<hr/>
Plaintiff	Defendant
Address	Address
Telephone Number	Telephone Number
Facsimile Number	Facsimile Number
Email Address	Email address

**** Party has option of agreeing, objecting or just leaving blank:**

INCOME WITHHOLDING FOR SUPPORT

Case No.

I. Sender Information: (Completed by the Sender) Date:

☐ **INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)** ☐ **AMENDED IWO**
☐ **ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT** ☐ **TERMINATION OF IWO**

☐ Child Support Agency (CSA) ☒ Court ☐ Attorney ☐ Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSA or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory Commonwealth of Virginia Remittance ID (include w/ payment)

City/County/Dist./Tribe Order ID

Private Individual/Entity Case ID

II. Employer and Case Information: (Completed by the Sender)

.....	RE:
EMPLOYER/INCOME WITHHOLDER'S NAME	EMPLOYEE/OBLIGOR'S NAME (LAST, FIRST, MIDDLE)
.....
EMPLOYER/INCOME WITHHOLDER'S ADDRESS	EMPLOYEE/OBLIGOR'S SOCIAL SECURITY NUMBER
.....
.....	EMPLOYEE/OBLIGOR'S DATE OF BIRTH
.....
.....	CUSTODIAL PARTY/OBLIGEE'S NAME (LAST, FIRST, MIDDLE)

EMPLOYER/INCOME WITHHOLDER'S FEIN

Child(ren)'s Name(s) (Last, First, Middle)

Child(ren)'s Birth Date(s)

III. ORDER INFORMATION: (Completed by the Sender)

This document is based on the support order from (State/Tribe).

You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ Per current child support
\$ Per past-due child support - Arrears greater than 12 weeks? ☐ Yes ☐ No
\$ Per current cash medical support
\$ Per past-due cash medical support
\$ Per current spousal support
\$ Per past-due spousal support
\$ Per other (must specify)

for a **Total Amount to Withhold** of \$ per

IV. AMOUNTS TO WITHHOLD: (Completed by the Sender)

You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ per weekly pay period \$ per semimonthly pay period (twice a month)

\$ per biweekly pay period (every two weeks) \$ per monthly pay period

\$ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Document Tracking ID:

Income Withholding for Support (IWO)

OMB: 0970-0154

Expiration: 08/31/2026

Case No.
Employer/Income Withholder's Name: Employer/Income Withholder's FEIN:
Employee/Obligor's Name: SSN:
Case ID: Order ID:

V. REMITTANCE INFORMATION: (Completed by the Sender except for the "Return to Sender" check box.)

If the employee/obligor's principal place of employment is Virginia, you must begin withholding no later than the first pay period that occurs after the date of service of this order on you. Send payment on the pay date, or if electronic funds transfer is used, send payment within 4 days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold % of disposable income for all orders. If the employee/obligor's principal place of employment is not Virginia, obtain withholding limitations, time requirements, the appropriate method to allocate among multiple child support cases/orders, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment.

State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or http://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC § 1673 (b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principle place of employment if the place of employment is in a state; or the tribal law of the employee/obligor's principle place of employment if the place of employment is under tribal jurisdiction. The CCPA is available at <https://www.dol.gov/agencies/whd/fact-sheets/30-cppa>. If the Order Information section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support.

If the obligor is a nonemployee, obtain withholding limits from the **Supplemental Information** section in this IWO. This information is also available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

Remit payment to: Treasurer of Virginia – Payments
P. O. Box 28990
Richmond, VA 23228-8990

**If paying by check, make check payable
to TREASURER OF VIRGINIA.**

Include the Remittance ID with the payment and if necessary this locator code of the SDU/Tribal order payee on the payment.

To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU). Contacts and information are found at www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements.

☐ **Return to Sender [Completed by Employer/Income Withholder].** Payment must be directed to an SDU in accordance with 42 USC § 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments in Section VI). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

If Required by State or Tribal Law:
Signature of Judge/Issuing Official:
Print Name of Judge/Issuing Official:
Title of Judge/Issuing Official:
Date of Signature:

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

☒ If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

Case No.
Employer/Income Withholder's Name: Employer/Income Withholder's FEIN:
Employee/Obligor's Name: SSN:
Case ID: Order ID:

VI. ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS: (Completed by the Sender)

Priority: Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

Payments: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSA within 7 business days, or fewer if required by state law, after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child Support Services (OCSS) Child Support Portal.

Lump Sum Payments: You may be required to notify a state or tribal CSA of upcoming lump sum payments, such as bonuses, commissions, or severance pay, to this employee/obligor. Contact the sender to determine if you are required to report and/or withhold lump sum payments. Employers/income withholders may use the OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the OCSS Child Support Portal.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure.

.....
.....
.....
.....
Anti-discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

The employee/obligor's rights are protected pursuant to Virginia Code § 63.2-1944. IF YOU DISCHARGE AN EMPLOYEE/OBLIGOR, TAKE DISCIPLINARY ACTION AGAINST AN EMPLOYEE/OBLIGOR, OR TERMINATE A CONTRACT WITH OR REFUSE TO EMPLOY ANY PERSON BECAUSE OF THIS ORDER, YOU ARE LIABLE FOR A CIVIL FINE OF UP TO \$1,000.00.

.....
.....
.....
.....
Supplemental Information: See attached **VIRGINIA COMPLIANCE PROVISIONS** that are incorporated by reference.

Virginia employers may charge and withhold from the employee/obligor's income a fee of up to a maximum of \$5.00 for each deduction for support or for each reply that no funds are available. This amount is in addition to the support amount of the income deduction.

Case No.
Employer/Income Withholder's Name: Employer/Income Withholder's FEIN:
Employee/Obligor's Name: SSN:
Case ID: Order ID:

VII. NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: (Completed by the Employer/Income Withholder)

If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSA and/or the sender by returning this form to the address listed in the **Contact Information** section below or using the OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/). Please report the new employer or income withholder, if known.

☐ This person has never worked for this employer nor received periodic income.

☐ This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: Last known telephone number:

Last known address:
.....

Final payment date to SDU/tribal payee: Final payment amount:

New employer's or income withholder's name:

New employer's or income withholder's address:
.....

VIII. CONTACT INFORMATION: (Completed by the Sender)

To Employer/Income Withholder: If you have any questions, contact (sender name)

by telephone:, by fax:, by email or website:

Send termination notice/income status notice and other correspondence to:

Virginia Division of Child Support Enforcement
P.O. Box 28450
Richmond, VA 23228-8450

Send all other correspondence to:

.....
NAME OF COURT

.....
ADDRESS OF COURT

To Employee/Obligor: If the employee/obligor has questions, contact (sender name)

by telephone:, by fax:, by email or website:

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Services. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:

The purpose of this information collection is to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average two to five minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information in accordance with 45 CFR 303, 100 of the Child Support Enforcement Program. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the Employer Services Team by email at employerservices@acf.hhs.gov.

a. THIS ORDER IS BINDING UPON YOU AND THE EMPLOYEE/OBLIGOR:

- (i) UNTIL you receive a subsequent (more recently dated) court order affecting the parties listed on the first page of this order; *or*,
- (ii) UNLESS, within five (5) business days from the service of this order on you, you have either deposited by mail or otherwise filed a written reply stating which of the requirements listed in b (below) have not been satisfied, after which this order is void unless the court finds that such a reply is materially false. (Use this form by completing the portion below and either mailing or returning it to this court.) The clerk may issue a new order with corrected information, with which you must comply.

b. To the clerk of the court: This order is defective because it

- ☐ does not contain employee/obligor's correct social security number.
- ☐ does not contain a single monetary amount to be deducted for each regular pay period, unless the obligor is an independent contractor or the order is for lump sum withholding.
- ☐ does not contain the maximum percentage of disposable income (50%, 55%, 60%, 65%) which may be deducted for each regular pay period.
- ☐ requires that payment be made other than by combined single payment and the exemption in paragraph 2.b. of the compliance provisions applies to this employer and the order is not from a support enforcement agency outside this Commonwealth.
- ☐ requires that payment be made to someone or some organization other than the Division of Child Support Enforcement of the Virginia Department of Social Services.
- ☐ contains information which is in conflict with our current pay records (including regular pay intervals and regular pay dates) – the correct information is:

.....

..... by
DATE EMPLOYER NAME SIGNATURE

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

<p>..... EMPLOYER NAME</p> <p>.....</p> <p>Address</p> <p>.....</p>	<p>..... EMPLOYER NAME</p> <p>.....</p> <p>Address</p> <p>.....</p>
<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;"> <input type="checkbox"/> PERSONAL SERVICE </div> <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> Tel. No </div>	<p>..... TEL. NO.</p> <p>..... FACSIMILE NO.</p>
<p>Being unable to make personal service, a copy was delivered in the following manner:</p> <p><input type="checkbox"/> Served on registered agent of the corporation. List name and title:</p> <p>.....</p> <p>.....</p> <p><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.</p> <p>.....</p> <p>.....</p> <p><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.)</p> <p><input type="checkbox"/> Served on the Clerk of the State Corporation Commission.</p>	<p>I certify that on DATE</p> <p>I sent to the named employer by electronic means a certified copy of this order.</p> <p style="text-align: center; margin-top: 20px;"> _____ <input type="checkbox"/> CLERK <input type="checkbox"/> DEPUTY CLERK </p>
<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;"> <input type="checkbox"/> Not found </div> <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> _____ SERVING OFFICER </div>	
<p>..... for _____ DATE</p>	

- a. THIS ORDER IS BINDING UPON YOU AND THE EMPLOYEE/OBLIGOR:
- (i) UNTIL you receive a subsequent (more recently dated) court order affecting the parties listed on the first page of this order;
or,
 - (ii) UNLESS, within five (5) business days from the service of this order on you, you have either deposited by mail or otherwise filed a written reply stating which of the requirements listed in b (below) have not been satisfied, after which this order is void unless the court finds that such a reply is materially false. (Use this form by completing the portion below and either mailing or returning it to this court.) The clerk may issue a new order with corrected information, with which you must comply.
- b. To the clerk of the court: This order is defective because it
- ☐ does not contain employee/obligor's correct social security number.
 - ☐ does not contain a single monetary amount to be deducted for each regular pay period, unless the obligor is an independent contractor or the order is for lump sum withholding.
 - ☐ does not contain the maximum percentage of disposable income (50%, 55%, 60%, 65%) which may be deducted for each regular pay period.
 - ☐ requires that payment be made other than by combined single payment and the exemption in paragraph 2.b. of the compliance provisions applies to this employer and the order is not from a support agency enforcement outside this Commonwealth.
 - ☐ requires that payment be made to someone or some organization other than the Division of Child Support Enforcement of the Virginia Department of Social Services.
 - ☐ contains information which is in conflict with our current pay records (including regular pay intervals and regular pay dates) – the correct information is:

..... DATE

..... EMPLOYER NAME

by _____ SIGNATURE

To the Employer: By law, in complying with this order,

1. You must obey this order before you comply with any other lien against (deduction from) respondent's *disposable* income created by state law, such as a garnishment or attachment summons. "Disposable Income" is that income left after deductions required by law are made. Virginia Code § 63.2-1900. (The terms "employer," "employee," "income" and "independent contractor" shall have the meanings set forth in Virginia Code § 63.2-1900.)

Exceptions:

- a. If you have been served previously with an order for income withholding for support from any court or an administrative agency, including the Virginia Department of Social Services, Division of Child Support Enforcement, you must prorate among the orders based upon the current amounts due, with any remaining amounts prorated among the orders for accrued arrearages, if any, to the extent that the amounts withheld, when combined, do not exceed the maximum limits imposed under § 34-29 as specified in the order, *and*
 - b. The maximum amount of employee/obligor's disposable income which may be deducted for support payments on this order is the percentage shown on the order.
- a. You must deduct and forward all payments on employee/obligor's regular pay date, or instance of compensation if the obligor is an independent contractor, or reply that no funds were deductible, *and*
 - b. You may comply by sending payment to the Division of Child Support Enforcement ("DCSE") of the Virginia Department of Social Services. As directed in the order, payment may be sent in a check made payable to the Treasurer of Virginia by first class mail or by submitting such amounts by electronic funds transfer transmitted within four days of the employee/obligor's regular pay date, or instance of compensation if the obligor is an independent contractor, together with employee/obligor's name, employee/obligor's social security number, and the DCSE number, if any, at the top of the order. All employers with at least 100 employees and all payroll processing firms with at least 50 clients shall remit payments by electronic funds transfer. (Contact the Division of Child Support Enforcement at 1-800-257-9986 to arrange electronic funds transfer.) However,
 - an employer of 10,000 persons or more shall not be required to make payments to DCSE other than by combined single payments to the Division's central office in Richmond without the employer's express written consent, unless the order is from a support enforcement agency outside the Commonwealth, *and*
 - c. If deductions are taken from more than one employee, they may be combined into a single check if accompanied by a list showing for each order: (1) employee/obligor's name, (2) employee/obligor's social security number, (3) the DCSE number (if none, then Case number) at the top of the order, (4) the amount deducted pursuant to each order or a statement that no income was deductible, and (5) the date that payment was withheld from the employee/obligor's income.
3. If the employee is an independent contractor, you shall withhold and pay out of the obligor's income a single monetary amount or the maximum amount permitted under § 34-29, whichever is less, for each instance of compensation of the obligor, once the aggregate amount of remuneration reaches \$600 or more in a calendar year. If the obligor is an independent contractor, the order shall begin with the next instance of compensation of the obligor.
 4. *In addition* to the payment amount described on this order, you may (but are not required to) also deduct for yourself from the employee/obligor's earnings a fee of up to a maximum of \$5.00 for each deduction for support or for a reply that no funds were deductible to cover your costs of administering this income withholding order; however, this fee shall not be deducted if the child support withholding amount is being collected from unemployment insurance benefits.
 5. If you receive an order which
 - does not contain employee/obligor's correct social security number; does not specify a single monetary amount to be deducted for each pay period of the employee/obligor, unless the obligor is an independent contractor or the order is for lump sum withholding; or does not state the maximum percentage of disposable income which may be deducted for each regular pay period of the employee/obligor, or
 - contains information that is in conflict with your current pay records (including regular pay intervals/pay dates), or
 - requires that payment be made other than by combined single payment without the express written consent of the employer, and the exemption in paragraph 2.b. (above) applies to you, or
 - requires that payment be made to someone other than the Division of Child Support Enforcement of the Virginia Department of Social Services, or its designee,

then you may deposit in the mail or otherwise file a reply within five (5) business days from service of this order stating which of the above requirements have not been satisfied, after which this order is void unless the court finds that such reply is materially false. The clerk may issue a new order with the corrected information with which you must comply.
 6. THIS ORDER IS BINDING UPON YOU AND THE EMPLOYEE/OBLIGOR. YOU MUST COMPLY WITH THIS ORDER UNTIL YOU RECEIVE A SUBSEQUENT (MORE RECENTLY DATED) COURT ORDER AFFECTING THE PARTIES LISTED ON THE FIRST PAGE OF THE ORDER.