

**VIRGINIA:**

**IN THE CIRCUIT COURT OF FAIRFAX COUNTY**

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

**Case #: CL \_\_\_\_\_ - \_\_\_\_\_**

\_\_\_\_\_ VS \_\_\_\_\_

The undersigned Petitioner requests the Court to permit the Petitioner to sue or defend a civil case in this Court without the payment of fees or costs and to have from all officers all needful services and process. In support of the petition, Petitioner swears or states under penalty of perjury that the following information is true:

- 1. Petitioner is a Virginia resident *(if Petitioner is a Defendant in case before this Court and is seeking this relief, Petitioner need not be a Virginia resident)*
- 2. Petitioner is unable to pay fees or costs required in this action.
- 3. The following financial information applies to the Petitioner:

a. Receiving public assistance:  No  Yes (See items checked below)

Medicaid  Food Stamps  Supplemental Security Income  Temporary Assistance for Needy Families

b. Take-home pay \$\_\_\_\_\_ per:  week  every second week  
 twice a month  month

c. Other income, if any (specify sources and amounts):

\_\_\_\_\_

d. Assets: Cash on hand \$\_\_\_\_\_ Bank accounts \$\_\_\_\_\_

4. Other information:

a. The number of people for whom the Petitioner provides support is: \_\_\_\_\_

b. The number of persons residing with the Petitioner is/are: \_\_\_\_\_

c. If applicable: Petitioner is currently In Custody at \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE – PETITIONER

**COMMONWEALTH OF VIRGINIA, CITY/COUNTY OF \_\_\_\_\_:**

*I, the undersigned, Notary Public in and for the aforesaid jurisdiction, do hereby certify that \_\_\_\_\_, whose name is signed to the foregoing Petition, appeared and acknowledged the same before me, under oath. Given under my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.*

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

*My Commission expires: \_\_\_\_\_  
My Virginia Registration No: \_\_\_\_\_*