



**JOHN T. FREY**  
Clerk Of Circuit Court

COMMONWEALTH OF VIRGINIA

## *Fairfax Circuit Court*

**4110 Chain Bridge Road  
Fairfax, Virginia 22030-4048**

**703-246-2770 TDD 703-352-4139**



**GERARDA M. CULIPHER**  
Chief Deputy

Dear Circuit Court Patron:

My staff and I are dedicated to trying to provide the best possible service to those using the Court. With this in mind we have worked with the Fairfax Bar Association to develop the attached brochure to help you understand the legal procedures required to obtain a divorce.

This brochure consolidates all of the information that my office can legally provide to the public. If you choose to represent yourself, you will be expected to follow the same procedures as an attorney. Please do not ask court personnel for legal advice or assistance. Court personnel are prohibited by state law from giving you legal advice or assistance. You are strongly encouraged to hire a competent attorney.

You are responsible for preparing all the necessary documents for your case. It should be noted that there are no fill-in-the-blank forms for divorce PREPARED BY OR APPROVED BY THE VIRGINIA COURT SYSTEM. The forms contained in this brochure are those commonly used in the Fairfax Circuit Court. These forms may or may not be appropriate for your particular case. Any desired outcome from your use of the forms cannot be predicted or guaranteed.

The information and materials contained in this brochure are intended to provide users with general information only. It is not intended to constitute legal advice or to replace competent legal representation. In fact, I strongly recommend that you hire a competent attorney to represent you in this matter.

Due to the changing nature of the law, the information and forms contained in this brochure may become outdated. Therefore, you should review and research statutes and procedural rules referenced in the instructions to ensure that they are accurate and current. In no event will the Fairfax Circuit Court Clerk's office or anyone contributing to the production of these forms and instructions be liable for any indirect or consequential damages resulting from their use.

It is my sincere hope that this information will help make the divorce process easier and less time consuming for you.

Sincerely,

John T. Frey, Clerk  
Fairfax County Circuit Court

# PRO SE DIVORCE SUITS

“Pro se” means that a party to a lawsuit is representing him or herself. 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

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 a Scheduling Conference 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 Code of Virginia. The Code of Virginia books are located in the Fairfax Public Law Library at the Fairfax County Courthouse and at Regional and Community Library locations. The Virginia Code and Rules of The Supreme Court of Virginia are available online at [www.courts.state.va.us/courtadmin/library/va.html](http://www.courts.state.va.us/courtadmin/library/va.html). A review of these laws may help you better understand the divorce process.

All contested divorce cases will proceed and be set for trial at a Scheduling Conference set through the Divorce Case Tracking Program. If **all** issues, such as grounds for divorce and distribution of property, are totally uncontested a party may request a Judge of the Court to hear the evidence *Ore Tenus* (live testimony) without waiting for the Scheduling Conference date or the scheduled trial date. This can be done only after filing, in proper form, the necessary documents and a Request for *Ore Tenus* Hearing, which are discussed below.

Uncontested cases may also now proceed upon written affidavit of a party and his/her witness, as also discussed below.

## **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 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 Code of Virginia sections 20-91 and 20-95.

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

- current residences of both parties;
- 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  
Attn: Civil Case Intake, Suite 319

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 Complaint 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.** (If not attached herein, the VS-4 Form may be obtained from the Clerk's Office) The VS-4 must be legible. It cannot be accepted if there are any white-outs or handmade 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. We also accept Visa or Mastercard with a four percent convenience fee.

**B. INITIAL FEES**

Please visit the court's website at: [www.fairfaxcounty.gov/courts/circuit/pdf/ccr-a-20.pdf](http://www.fairfaxcounty.gov/courts/circuit/pdf/ccr-a-20.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 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 [www.courts.state.va.us/forms/circuit/cc1414.pdf](http://www.courts.state.va.us/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-2015-0000001).

**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 Virginia 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 Virginia 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 Virginia 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 Virginia 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 and it cannot be signed prior to the filing of the suit.
- This form can be accessed through the website of the Virginia Judicial System at [www.courts.state.va.us/forms/circuit/cc1406.pdf](http://www.courts.state.va.us/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

Please allow 3-5 business days for preparation of service

Payment is made by 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 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 and it cannot be signed prior to the filing of the suit.

### 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 Virginia 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;
  - State that the process server or the person serving the process is over eighteen years of age;

- State that the person serving the process is not a party or otherwise interested in the subject matter or controversy (Virginia 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.
- Please allow 3-5 business for preparation of service

#### 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 tried (made all efforts) to locate him or her. Virginia Code §20-104 and §8.01-316, *et seq.*
- The Clerk’s Office maintains a list of newspapers approved for publication in accordance with Virginia Code 8.01-324. An Order of Publication must be published in a newspaper prescribed by the court pursuant to Virginia 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 Court’s website at:  
[www.fairfaxcounty.gov/courts/circuit/orders\\_of\\_publication.htm](http://www.fairfaxcounty.gov/courts/circuit/orders_of_publication.htm)
- Documents and Fees Required to complete service by publication:
  - Original Order of Publication
  - Affidavit notarized by Plaintiff stating the following:
    - the individual is a non-resident of Virginia; **or**
    - The individual cannot be found, that due diligence has been used without effect to ascertain the location of the party to be served; **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 the last known address, if one is 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 \$25.00.
- 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 Virginia 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 Virginia Code §8.01-317.
- If service of the Complaint is made by publication, a court reporter is required at the divorce hearing in accordance with Rule 3:1, 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 SERVICE OF PROCESS

- 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 and 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: [www.courts.state.va.us/forms/circuit/cc1406.pdf](http://www.courts.state.va.us/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. (Note: The Waiver of Notice cannot be signed by the Defendant prior to the filing of the Complaint.)



#### **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 in the Domestic Case Tracking Program and will be set for trial on all contested issues. These instructions are primarily related to those cases that are proceeding on an Uncontested track.
- B. UNCONTESTED DIVORCES:** The only cases that may proceed by *ore tenus* hearing (see IVB(1) below) or via written affidavit pursuant to Va. Code §20-106 (see IVB(2) below) 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. ORE TENUS HEARING:** If all issues are uncontested, a party may request to have the Court hear evidence *ore tenus*. *Ore Tenus* Hearing Instructions and Request for *Ore Tenus* Hearing form can be found in

ATTACHMENTS 6, 7A, 7B

- A. BEFORE THE ORE TENUS HEARING:** At the time the Request for *Ore Tenus* Hearing is filed, the party filing the Request must submit with the request:

- Original proposed Final Order of Divorce (see Section V);
- Name Change Order to resume maiden or former name, if applicable;
- Original of any Separation Agreement, if applicable (an Original of the Agreement must be given to the Court for a Final Order of Divorce to be granted, if the parties signed an Agreement) ;
- Private Addendum containing the parties' social security numbers;
- VS-4 form (completed legibly in black ink and no white out or corrections on form);
- Waiver of Notice or Proof of Service, if applicable.

The Final Order of Divorce (see Section V) must contain the endorsement (signature) of each party who is legally entitled to notice of the *ore tenus* hearing and who will not be appearing at the hearing, unless the moving party (person requesting the hearing) will be serving the proposed order on the other party along with the notice of the date and time of the *ore tenus* hearing. Notice of the hearing is not required if that party: (1) has signed a waiver of notice of entry of the Final Order of Divorce; or, (2) has accepted or waived service of process and has not filed an Answer in the suit; or, (3) was served by publication and has not filed any papers in the suit other than any waivers; or, (4) has signed a waiver of all further notice; or (5) was served in person and has not filed an answer or other appearance. **The original of any Separation Agreement should be presented to the Court before the *ore tenus* hearing.**

Upon filing of a Request for *Ore Tenus* Hearing, 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, to assure compliance with all statutory requirements. The law clerk will send you a postcard or letter with information as to whether all proper papers have been submitted and whether they are correct and complete.

- If the law clerk has advised the moving party that the pleadings comply with all statutory requirements, then the moving party must contact the *ore tenus* clerk within 14 calendar days of the date of the written notice, at (703) 246-4200, to schedule the hearing. If required by law, notice of the date and time of the hearing must be served on the other party. **Note: If service of the complaint was made by publication, a court reporter is required at the divorce hearing**, unless the Defendant has filed a pleading, waiver or entered an appearance in accordance with law. If the Defendant has filed a pleading, waiver or entered an appearance, a court reporter will not be required. The plaintiff is responsible for making arrangements for a court reporter to be present.
- If the pleadings do not comply with all legal requirements, the law clerk will mail a blue Rejection of *Ore Tenus* Filing form (Rejection Notice – CCR H-49) to the moving party. The moving party will then have a reasonable period of time to correct all deficiencies. Upon making the required corrections the moving party must return the corrected pleadings, along with the bottom half of the Rejection Form fully completed, to the Clerk's Office. **It is not sufficient to simply file or mail the correct pleadings to the office of the Clerk of Court without including the bottom half of the Rejection Form and noting that they are to be forwarded to the specific law clerk that sent the form.**
- **All communications with the Judges' law clerks must be in writing and limited to the items in the rejection form. Telephone calls relating to *ore tenus* cases will typically not be received by the law clerks. Furthermore, since the law clerks are not permitted to give legal advice to attorneys or to pro se parties, requests for such advice will not be entertained.**
  - If the revised pleadings comply with all statutory requirements, the law clerk will inform the moving party in writing and then the moving party must contact the *ore tenus* clerk within 14 calendar days of the date on the acceptance postcard to schedule the hearing. Your *ore tenus* hearing must be scheduled for a date certain on a Monday, Tuesday, Wednesday or Thursday at 10 a.m.
  - If the revised pleadings do not meet all statutory requirements, or if the moving party has not scheduled the *ore tenus* hearing within 14 calendar days of the date on the acceptance postcard, the parties may not be able to proceed on the uncontested *ore tenus* docket.

B. AT THE *ORE TENUS* HEARING: The hearing before the Judge should take approximately ten minutes. The moving party must be prepared to present evidence to support every allegation in the Complaint through the testimony of the moving party **and A CORROBORATING WITNESS** (other than your spouse). A corroborating witness is a witness who has direct personal knowledge of the information (not simply what you or others have told the witness) and can testify to the information outlined in ATTACHMENT 7B. The witness' knowledge must be based on something more than the information given to the witness in preparation for the hearing. The corroborating witness must appear at the time of the hearing. It is the responsibility of the moving party to make certain that the witness can be present on the hearing date. The presiding Judge cannot serve as an attorney, and the moving party must be prepared to ask the relevant questions. A copy of instructions and general sample questions are in ATTACHMENT 7A and 7B. The questions asked of the witness must support the allegations in the Complaint.

**2. WRITTEN AFFIDAVITS.** If all issues are uncontested, a party may proceed by filing written affidavits with the court pursuant to Va. Code §20-106 rather than by *ORE TENUS* as explained below. The Affidavits submitted in support of a divorce must include all of the information that would be presented in written depositions or *ore tenus* testimony as discussed above. The requirements of 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 allegations in the complaint or counterclaim, and establish that the affiant is competent to testify to the contents of the affidavit. The affidavit shall:

1. Affirm the allegations 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. Affirm that neither 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. App § 501 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 at least six months preceding the filing of the suit an actual bona fide resident and domiciliary of this 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](#);

7. State whether there were children born or adopted of the marriage and affirm that the wife is not known to be pregnant from the marriage; and

8. Be accompanied by the affidavit of a corroborating witness, which shall:

- a. Verify that the affiant is over the age of 18 and not suffering from any condition that renders him legally incompetent;
- b. Verify that neither party is incarcerated;
- c. Verify the allegations in the complaint or counterclaim;
- d. Verify that at least one of the parties to the suit 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
- e. Verify whether there were children born or adopted of the marriage and verify that the wife is not known to be pregnant from the marriage; and
- f. Verify the affiant's personal knowledge that the parties have not cohabitated since the date of separation alleged in the complaint or counterclaim, and that it has been the moving party's intention since that date to remain separate and apart permanently.

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

Additionally, the witness must verify his or her personal knowledge that the parties have not cohabitated since the date of separation alleged in the complaint or counterclaim, and that it has been the moving party's intention since that date to remain separate and apart permanently. The Affidavit should contain statements describing how the witness acquired this personal knowledge. A statement, "I have personal knowledge that the parties have not cohabitated since the date of separation," without any additional information about the source of the personal knowledge will not be accepted by the Court.

See ATTACHMENTS 9A and 9B for examples of the affidavits.

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

- Original proposed Final Order of Divorce;
- The original of any Separation Agreement;
- Name Change Order to resume maiden or former name, if applicable (ATTACHMENT 10);
- Original of any Separation Agreement, if applicable (the original Separation Agreement must be presented to the Court at the hearing);
- Private Addendum containing the parties’ social security numbers;
- VS-4 form (completed legibly in black ink and no white out or corrections on form);
- 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 Affidavits 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 10), 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** at the *ore tenus* hearing or upon submission of the Written Affidavits. At the *ore tenus* hearing, a court reporter may be required. A court reporter is required when service is by publication and the Defendant has taken no action (for example, has not filed an Answer, has not waived further notice, or has not entered an appearance). A court reporter is also required when the Defendant executed a notarized acceptance of service out of state and did not appear in Court. In most circumstances where a court reporter is required, the Court will instruct the party to obtain a court reporter in the postcard. If a court reporter is required, it is the responsibility of the moving party to arrange for the presence of one on his/her own (not through the court) and to pay for the reporter and a transcript. Court reporter services can be found on the internet. If a transcript is required, the Final Order will not be entered until the transcript of the hearing is filed with the Circuit Court. Upon receipt of the transcript, the Final Order along with the transcript is submitted to the Judge that heard the matter at the *ore tenus* hearing for entry.

Examples of Final Orders of Divorce are found in ATTACHMENT 8:

8A: Final Order on grounds of 6 month separation, Agreement, no spousal support

8B: Final Order on grounds of 6 month separation, Agreement, spousal support

8C: Final Order on grounds of 12 month separation, Agreement, no spousal support, no child support

8D: Final Order on grounds of 12 month separation, Agreement, spousal support

8E: Final Order on grounds of 12 month separation, Agreement, custody, child support, no spousal support

8F: 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 pursuant to Va. Code §20-111:

**“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.”**

**PRIVACY 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 Web-Site of the Virginia Judicial System. <http://www.courts.state.va.us/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, 0

If there are any questions concerning this handout, please call (703) 691-7320 press 3,1,4,0. 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 (see Section V). See Attachment 10 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.

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 11A, 11B) 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 and/or parties may appear in person or by telephone by contacting 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 12A and 12B or examples of *pendente lite* Order.

# Fairfax Public Law Library

4110 Chain Bridge Road, Fairfax VA 22030 [Room #115]

**Hours:** Mon & Thurs 8:00 am to 7:00 pm / Tues, Wed & Fri 8:00 am to 4:30 pm

**Phone:** (703) 246-2170 / **FAX:** (703) 591-0310

**Website:** <http://www.fairfaxcounty.gov/courts/lawlib>

## FAMILY LAW RESOURCES

Brinig, Margaret F. **Virginia Domestic Relations Handbook, 3d ed.**

One-volume treatise updated annually with pocket part supplements. Written for Virginia practitioners who handle cases dealing with family relationships. Includes sample forms and appendix.

**Fairfax Bar Association Circuit Court Practice Manual.** Fairfax Bar Association. (current edition, 2014). Available in print and with USB/flashdrive of forms, for reference use onsite in Library. Section H of *Manual* contains family law procedures, policies, and sample forms. *Manual* and USB/flashdrive available for purchase from the Fairfax Bar Association.

**Legal Services of Northern Virginia.** Online resource at [www.lsnv.org](http://www.lsnv.org).

Includes legal information and numerous self-help materials.

**Negotiating and Drafting Marital Agreements.** Virginia Law Foundation, CLE Publication. Includes sample provisions and discussion of various domestic agreements, including pre-marital, reconciliation, and separation/divorce considerations of custody, visitation, support and property distribution. Forms/samples available on accompanying CD-ROM.

Roche, Brian A. **Virginia Domestic Relations Case Finder, 4<sup>th</sup> ed.** A compendium of cases dealing with domestic relations issues, organized by topic and kept current with pocket part supplements.

Swisher, Diehl, & Cottrell. **Virginia Family Law.** Annual one-volume family law treatise; Volume 9 of *Virginia Practice Series*. Includes sample pleading and practice forms. Patron access to treatise and forms available online in library, through WestLawNext database.

**Understanding Your Domestic Relations Rights in Virginia.** Metropolitan Richmond Women's Bar Association. Brochure discusses general legal circumstances related to resolving domestic relations problems under Virginia law. (Available at information desk, while supplies last.)

**Virginia Family and Juvenile Laws and Rules Annotatated.** Lexis Publication.

Compilation of selected state laws and court rules, published annually and updated with changes enacted in the latest sessions of the Virginia General Assembly.

## **Fairfax Public Law Library -- FAMILY LAW RESOURCES (con't)**

**Virginia Family Law—A Systematic Approach.** Virginia Law Foundation, CLE Publication. Comprehensive manuals (binders, Vol 1 and 2) that contain formats and relevant information pertaining to family law in Virginia. Includes sample forms for uncontested and contested domestic relations matters. Forms/samples available on accompanying CD-ROM.

**Virginia Forms.** Lexis Publication.

Kept current with supplements and replacement volumes. Vol. 1 of multi-volume set includes sample domestic relations pleadings. Use of forms requires independent legal judgment by the user. Patron access to forms also available online in library, through Library subscription to service.

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

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

## **PRO SE DIVORCE FORMS INDEX**

| <b>Attachment</b> | <b>Name of Form</b>  |
|-------------------|--|
| 1                 | A. Complaint for Divorce on Ground of Six Months Separation<br>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                 | Request for <i>Ore Tenus</i> Hearing   |
| 7                 | A. <i>Ore Tenus</i> Hearing Instructions<br>B. Sample Questions  |
| 8                 | A. Final Order of Divorce—Six Month Separation, No Spousal Support<br>B. Final Order of Divorce—Six Month Separation with Separation Agreement Containing Spousal Support<br>C. Final Order of Divorce—One Year Separation, No Spousal Support, and No Child Support<br>D. Final Order of Divorce—One Year Separation, Separation Agreement, and Spousal Support<br>E. Final Order of Divorce—One Year Separation, Separation Agreement, and Child Custody/Support but <u>No Spousal Support</u><br>F. Final Order of Divorce—One Year Separation, Separation Agreement, Child Custody/Support, <u>and Spousal Support</u> |

|    |  |
|----|--|
| 9  | A. Written Affidavit of Party<br>B. Written Affidavit of Witness   |
| 10 | Order for Change of Name   |
| 11 | A. <i>Pendente lite</i> Motion<br>B. Praecipe  |
| 12 | A. <i>Pendente lite</i> Order re: Child Support<br>B. <i>Pendente lite</i> Order re: Spousal Support<br>C. <i>Pendente lite</i> Order re: Child Support & Spousal Support<br>D. Income Deduction Order |

**\*\*\* 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.**

**IN THE CIRCUIT COURT OF FAIRFAX COUNTY**

**SERVE:** \_\_\_\_\_ (*Full Name of Defendant*)  
 \_\_\_\_\_ (*Complete Address of Defendant*)

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

2. There are no children who were born or adopted of this marriage that are under the age of 18 years.

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*), \_\_\_\_\_ (*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





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 (full name) )  
 )  
 )  
v. ) CL No. \_\_\_\_\_  
 )  
 )  
\_\_\_\_\_  
Defendant (full name) )  
 )

SERVE: \_\_\_\_\_ (Full Name of Defendant)  
\_\_\_\_\_  
(Complete Address of Defendant)

**COMPLAINT FOR DIVORCE**  
**ON GROUND OF ONE YEAR SEPARATION**

Plaintiff says:

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

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

2(a). There is/are \_\_\_\_ child[ren] (*insert number*) was/were born of the marriage, namely:  
\_\_\_\_\_; (*list all children's names and their dates of birth*). **OR**

2(b). There are no children born or adopted of this marriage under the age of 18 years;

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 1.

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 \_\_\_\_\_ (day) \_\_\_\_\_ (month), \_\_\_\_\_ (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 \_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (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)***

**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 executed (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 9 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*)

# 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 _____   |  |
| <b>PARTY A</b> (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)<br>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) _____ |  |   |  |   |  |
| <b>PARTY B</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)<br>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:<br>Party A _____ Party B _____ Joint (Party A/Party B) _____ Other _____ <input type="checkbox"/> No Children |  |   |  |
| 25. PLAINTIFF<br><input type="checkbox"/> PARTY A <input type="checkbox"/> PARTY B <input type="checkbox"/> BOTH                          |  | 26. DIVORCE GRANTED TO<br><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<br><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<br>(divorce or annulment) (date of divorce or annulment)    |  |   |  |   |  |
| MARRIAGE AND WAS NUMBERED _____   |  |   | SIGNATURE OF CLERK OF COURT OR DEPUTY _____  |   |  |
|   |  |   | NAME OF CLERK OR DEPUTY _____<br>(Type or Print)   |   |  |

# Fairfax County Circuit Court

## DOMESTIC CASE COVERSHEET

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

### ATTORNEYS

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

|                                  |
|----------------------------------|
| <b>DATE OF SEPARATION:</b> _____ |
|----------------------------------|

(Check all that apply):

|  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>TOTALLY UNCONTESTED</b><br>(custody, support and property issues resolved OR no custody, property or support issues)<br><br><input type="checkbox"/> <b>ORE TENUS</b> (planning to file a Request for Ore Tenus hearing)<br><br><input type="checkbox"/> <b>DEPOSITION</b>                       | <input type="checkbox"/> <b>DIVORCE</b><br><br><input type="checkbox"/> <b>CONTESTED PROPERTY OR SUPPORT ISSUES</b><br><br><input type="checkbox"/> <b>CONTESTED CUSTODY ISSUES</b> | <b>OTHER:</b><br><br><input type="checkbox"/> <b>ANNULMENT</b><br><br><input type="checkbox"/> <b>SEPARATE MAINTENANCE</b> |
| <b>RE-OPEN – DOMESTIC ISSUES</b><br><br><input type="checkbox"/> <b>Custody</b> <input type="checkbox"/> <b>Support</b><br><input type="checkbox"/> <b>Visitation</b> <input type="checkbox"/> <b>Show Cause</b>   | Please reflect original Chancery case Number<br><b>CH</b> _____   | <input type="checkbox"/> <b>Other</b> _____  |
| <b>REQUESTED SERVICE:</b><br><br><input type="checkbox"/> <b>SHERIFF</b> <input type="checkbox"/> <b>SPECIAL PROCESS SERVER</b> <input type="checkbox"/> <b>ACCEPTANCE</b><br><br><input type="checkbox"/> <b>PUBLICATION</b> <input type="checkbox"/> <b>WAIVER</b> <input type="checkbox"/> <b>NO SERVICE AT THIS TIME</b> |   | <b>SERVICE DATE/TYPE</b>   |

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

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

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 .....  
DATE

☐ 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. any further service of process.

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

☐ c. notice of the taking of depositions.

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

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

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

I understand that, by waiving service of process, I am giving up my right to be notified of the events described immediately 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 ..... )  
Reg istration 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,<br>LIABILITY,<br>ACCOUNT,<br>CREDIT CARD | IDENTIFYING ACCOUNT NO. |
|---|-------------------------|
|   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |

| NAME OF ASSET,<br>LIABILITY,<br>ACCOUNT,<br>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



**VIRGINIA:**

**FAIRFAX CIRCUIT COURT**

\_\_\_\_\_  
**Plaintiff**

**versus**

**Case No. CL-**\_\_\_\_\_ **-** \_\_\_\_\_

\_\_\_\_\_  
**Defendant**

**REQUEST FOR ORE TENUS HEARING**

I \_\_\_\_\_,  
\_\_\_\_ Plaintiff, \_\_\_\_ Defendant, \_\_\_\_ Counsel for Plaintiff, \_\_\_\_ Counsel for Defendant  
(check one)  
hereby request that this matter be set for an Ore Tenus hearing as all issues in this case  
are totally uncontested. I have received and read the Fairfax County Circuit Court's Ore  
Tenus Hearing

Instructions and agree to fully comply with them.

Attachments:

1. \_\_\_\_ Property Settlement Agreement
2. \_\_\_\_ Final Decree
3. \_\_\_\_ Name Change Order
4. \_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Daytime Telephone Number**

\_\_\_\_\_  
**VSB# (If Attorney)**

\_\_\_\_\_  
**Email Address**

**CERTIFICATE OF SERVICE**

I hereby certify that if notice is required by either Rule 1:12 of the Rules of the Supreme Court  
of Virginia Code Section 20-99 or 20-99.1:1, a true copy of this pleading and all attachments have  
been served on opposing counsel of record.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

## ATTACHMENT 7A

### FAIRFAX CIRCUIT COURT *ORE TENUS* HEARING INSTRUCTIONS

1. All persons involved in divorce cases are strongly encouraged to consult with an attorney so that the legal effects of these proceedings can be fully explained to each litigant. **If you proceed without legal counsel**, you may forever unknowingly waive your rights to custody or visitation, child or spousal support, equitable distribution of property, and other legal claims arising out of your marriage.
2. All divorce cases will proceed and be set for trial through the Divorce Case Tracking Program. However, if **all** issues, such as grounds for divorce and distribution of property, are totally uncontested, a party may, by filing a Request for *Ore Tenus* Hearing **at any time**, request a judge of the Court to hear the evidence *ore tenus* (in court).
3. At the time the Request for *Ore Tenus* Hearing is filed, the party filing the Request **must** submit the following with the request:
  - Original proposed Final Order of Divorce
  - Name Change Order to resume maiden or former name, if applicable
  - Original of any Separation Agreement
  - Private Addendum containing the parties social security numbers
  - VS-4 form (completed legibly in black ink, with no corrections)
  - Waiver of Notice/Proof of Service

The Order must contain the endorsement of each party who is legally entitled to notice of the *ore tenus* hearing and who will not be appearing at the hearing, unless the moving party intends to serve the other party with Notice of the date and time of the *ore tenus* hearing and a copy of the proposed Decree. (Note that proof of service of the Notice and the Final Order will have to be presented at the *ore tenus* hearing unless Defendant executed a Waiver of Notice; Defendant signed the Final Order; or Defendant has not made an appearance and executed an Acceptance of Service or was served either personally or by publication.)

4. Upon the filing of a Request for *Ore Tenus* Hearing, 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, to assure compliance with all statutory requirements. The law clerk will advise counsel for the moving party, or the moving party if the litigant is proceeding without counsel, in writing as to the sufficiency of the pleadings.
5. If the law clerk has advised the moving party that the pleadings comply with all statutory requirements, then the moving party must contact the *ore tenus* clerk within fourteen (14) calendar days of the date of the written notice to schedule the hearing. The *ore tenus* clerk may be contacted by calling (703) 246-4200. *Ore tenus* hearings are

held Monday through Thursday at 10:00 a.m. If required by law, notice of the date and time of the hearing must be served on the other party.

6. If the pleadings do not comply with all legal requirements, the law clerk will mail a blue Rejection of ore tenus Filing form (Rejection Notice – CCR H-49) to the moving party. The moving party will then have up to fourteen (14) days from the date of the rejection form to correct all deficiencies and return the corrected pleadings, along with the bottom half of the rejection form fully completed, to the Clerk's Office. It is not sufficient to simply file or mail the corrected pleadings to the office of the Clerk of the Circuit Court without including the bottom half of the rejection form and noting that they are to be forwarded to the specific law clerk who sent the rejection form.
7. All communications with the judges' law clerks must be in writing and limited to the matters set forth in the rejection forms. Telephone calls relating to ore tenus cases will not be received by the law clerks. Furthermore, because the law clerks are not permitted to give legal advice to attorneys or to pro se parties, requests for such advice will not be entertained.
8. If the revised pleadings comply with all statutory requirements, the law clerk will so advise the moving party in writing and then the moving party must contact the ore tenus clerk within fourteen (14) days of the date of the acceptance postcard to schedule the hearing.
9. If the revised pleadings do not meet all statutory requirements the law clerk will mail another blue Rejection of ore tenus Filing form to the moving party setting forth the remaining deficiencies in the pleadings.
10. At the *ore tenus* hearing, the moving party and a ***corroborating witness*** (other than the spouse) must present the evidence necessary to meet the requirements of Virginia law. The presiding judge cannot serve as an attorney, so the moving party must be prepared to ask the relevant questions. A copy of general sample questions can be found in ATTACHMENT 7B.
11. If all legal requirements have been satisfied, the judge will generally enter the Final Order of Divorce and the Name Change Order to resume maiden or former name, if applicable, at the hearing.

## ATTACHMENT 7B

### SAMPLE QUESTIONS FOR UNCONTESTED DIVORCE

#### THE DIVORCING PARTY MUST MAKE THE FOLLOWING STATEMENTS TO THE COURT:

Q. My name and address are \_\_\_\_\_.

Q. I have resided at my current address for \_\_\_\_\_ (*how long*).

Q. For at least six months prior to filing the Complaint for Divorce on \_\_\_\_\_ (*date you filed divorce complaint*), I have been a *bona fide* resident and domiciliary of the Commonwealth of Virginia.

***OR, if it is the other party upon whom jurisdiction is grounded, then ask this question instead:***

Q. For at least six months prior to filing the Complaint for divorce on \_\_\_\_\_ (*date divorce complaint was filed*), my spouse has been a *bona fide* resident and domiciliary of the Commonwealth of Virginia.

Q. I am currently married to \_\_\_\_\_ (*your Spouse's Name*).

Q. My spouse currently resides in \_\_\_\_\_ (*location*).

Q. My spouse has lived in that location for approximately \_\_\_\_\_ (*how long*).

Q. My spouse and I last lived together as a marital couple in \_\_\_\_\_ (*location – city, state*)?

Q. My spouse has not been a member of the Armed Forces or its allies on active duty at any time during the pendency of this divorce case.

**OR**

My spouse is/was an active duty member of the Armed Forces or its allies now/during the pendency of this case.

Q. My spouse and I are both over the age of eighteen.

Q. I was married on \_\_\_\_\_ (*date of marriage*) in \_\_\_\_\_ (*town, state and/or country of marriage*)?

Q. There were not any children born and/or adopted during the marriage.

**OR**

There was a child/were children born or adopted of the marriage.

*If there was one or more child born or adopted during the marriage, then state the names and dates of birth of all children born/adopted during the marriage*

Q. My spouse and I separated on or about \_\_\_\_\_ (*date of separation*).

Q. At the time of the separation it was the intent of at least one of us that the separation would be permanent separation and ultimately lead to a divorce.

Q. That intent to be permanently separated has continued on the part of at least one of us up until the present date.

Q. My spouse and I have remained separate and apart, without any cohabitation and without any interruption since \_\_\_\_\_ (*Date of Separation*).

*IF THERE IS A SIGNED AGREEMENT RESOLVING THE ISSUES IN YOUR DIVORCE, make the following seven statements related to the agreement:*

Q. My spouse and I signed a settlement agreement regarding the issues in this divorce case.

Q. That agreement is dated \_\_\_\_\_ (*Date*).

Q. (*Retrieve the original agreement from the court's file by asking the judge if you can review it*) I recognize the signatures on this document as mine and my spouse's signature.

Q. This agreement resolves all issues of property and support (*and custody, if applicable*) arising out of our marriage to one another.

Q. There are no issues left for a court to decide other than the divorce.

Q. It is my desire that the Court affirm, ratify and incorporate by reference, but not merge, this agreement into the Final Order of Divorce.

Q. Your Honor, I request that this agreement be moved into evidence.

Q. I am asking the Court to grant me a Final Order of Divorce *a vinculo matrimonii* based on the fact that my spouse and I have lived separate and apart for a period in excess of one year (*OR SIX MONTHS WITH A SIGNED SETTLEMENT AGREEMENT, IF APPROPRIATE*).

Q. There is no hope or probability of reconciliation between me and my spouse.

\*\*\*\*\*

**QUESTIONS FOR WITNESS:**

Q. State your full name and address please?

Q. Do you know me?

Q. How do you know me? **OR** What is your relationship to me?

Q. How long have you known me?

Q. Do I currently reside at \_\_\_\_\_ (*your address*)?

Q. Have I resided there for approximately \_\_\_\_ years to the best of your knowledge?

Q. Have you met the Defendant? Would you know him/her by sight?

Q. Is it your understanding that the Defendant currently resides at \_\_\_\_\_ (*spouse's address*)?

Q. Was I a bona fide resident and domiciliary of the Commonwealth of Virginia at the time of the filing of the suit and had I been one for at least six months preceding the filing of the suit (Complaint for Divorce) on \_\_\_\_\_ (date of filing);

**OR, if the jurisdiction is based on the spouse living in Virginia, then ask:** Was my spouse a bona fide resident and domiciliary of the Commonwealth of Virginia at the time of the filing of the suit and had my spouse been one for at least six months preceding the filing of the suit (Complaint for Divorce) on \_\_\_\_\_ (date of filing);

Q. Am I currently married to \_\_\_\_\_ (*spouse's name*)?

Q. Are both parties to this case over the age of eighteen?

Q. Has either party to this case been a member of the Armed Forces or its allies on active duty at any time during the pendency of this suit?

Q. Is it your understanding that my spouse and I were married on \_\_\_\_\_ (*Date*) in (*Place*)?

Q. Were there any children born or adopted of our marriage? (*IF YES, ask names and dates of birth for all children*)

Q. Did my spouse and I separate on or about \_\_\_\_\_ (*Date*)?

Q. At the time of the separation, was it your understanding that it was the intent of at least one of us that the separation would be permanent and ultimately lead to a divorce?

Q. Is it your impression that that intent has continued on the part of at least one of us up until the present date?

Q. How did you become aware that my spouse and I had separated?

Q. Have you have an opportunity to visit my home after \_\_\_\_\_ (*Date Of Separation*)?

Q. How often have you visited with me in my home?

Q. In any of your visits to my home, have you ever seen anything which would indicate to you that my spouse was continuing to live there after \_\_\_\_\_ (*Date Of Separation*)?

Q. How frequently do you speak with me either by telephone or in person?

Q. In any of your conversations with me, have you ever heard anything which would indicate to me that after \_\_\_\_\_ (*Date Of Separation*), I had reconciled with my spouse and resumed living together with her/him?

Q. Do you believe you have a close enough relationship with me that if I had reconciled with my spouse and resumed living with her/him, that you would have been aware of that fact?

Q. Is it your belief that my spouse and I have remained separate and apart without any cohabitation and without any interruption from \_\_\_\_\_ (*Date Of Separation*) up to the present date?

Q. Do you believe there is any hope or probability of my spouse and I reconciling our marriage?

**ATTACHMENT 8A**

**\*\*\* 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**

|                  |   |                     |
|------------------|---|---------------------|
|                  | ) |                     |
| <b>Plaintiff</b> | ) |                     |
|                  | ) |                     |
| v.               | ) | <b>CL No.</b> _____ |
|                  | ) |                     |
|                  | ) |                     |
| <b>Defendant</b> | ) |                     |

**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 children born or adopted of this marriage that are under the age of 18 years;



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 1.

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 6. DO NOT PLACE ANY PARTY'S FULL SOCIAL SECURITY NUMBER ON THIS ORDER!!!! USE THE PRIVATE ADDENDUM.)*

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 (day) \_\_\_\_\_ (month), \_\_\_\_\_ (year);

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

9. The parties have entered into an Agreement titled \_\_\_\_\_ dated \_\_\_\_\_  
(day) \_\_\_\_\_ (month), \_\_\_\_\_ (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

Facsimile Number

Email Address

\_\_\_\_\_  
Defendant

Address

Telephone Number

Facsimile Number

Email address

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

ATTACHMENT 8B

**\*\*\* 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**

|                  |   |                     |
|------------------|---|---------------------|
| _____            | ) |                     |
| <b>Plaintiff</b> | ) |                     |
|                  | ) |                     |
| v.               | ) | <b>CL No.</b> _____ |
|                  | ) |                     |
| _____            | ) |                     |
| <b>Defendant</b> | ) |                     |

**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 children born or adopted of this marriage that are under the age of 18 years;

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 6. DO NOT PLACE ANY PARTY'S FULL SOCIAL SECURITY NUMBER ON THIS ORDER!!!! USE THE PRIVATE ADDENDUM.)*

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 (day) \_\_\_\_\_ (month), \_\_\_\_\_ (year);

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

9. The parties have entered into an Agreement titled \_\_\_\_\_ dated \_\_\_\_\_ (day) \_\_\_\_\_ (month), \_\_\_\_\_ (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 Privacy Addendum

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Driver License No.: \_\_\_\_\_

**Defendant**

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

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

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

Date of Birth: \_\_\_\_\_

Last Four Digits of Soc. Sec. No.: \_\_\_\_\_

Full Soc. Sec. No.: See Privacy Addendum

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Driver License No.: \_\_\_\_\_

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 in **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; and

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

Facsimile Number

Email Address

\_\_\_\_\_  
Defendant or Defendant's Counsel

Address

Telephone Number

Facsimile Number

Email address

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

ATTACHMENT 8C

**\*\*\* 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**

|                  |   |                     |
|------------------|---|---------------------|
| _____            | ) |                     |
| <b>Plaintiff</b> | ) |                     |
|                  | ) |                     |
| v.               | ) | <b>CL No.</b> _____ |
|                  | ) |                     |
| _____            | ) |                     |
| <b>Defendant</b> | ) |                     |

**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 marriage, namely:  
\_\_\_\_\_; (*list all children's names and their dates of birth*). **OR**

2(b). There are no children born or adopted of this marriage under the age of 18 years;

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 6. DO NOT PLACE ANY PARTY'S FULL SOCIAL SECURITY NUMBER ON THIS ORDER!!!! USE THE PRIVATE ADDENDUM.)*

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 (day) \_\_\_\_\_ (month), \_\_\_\_\_ (year);

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

9. The parties have entered into an Agreement titled \_\_\_\_\_ dated \_\_\_\_\_ (day) \_\_\_\_\_ (month), \_\_\_\_\_ (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 pursuant to Virginia Code Section 20-124.5, 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; *(delete this paragraph if there are no minor children)*; 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

Facsimile Number

Email Address

\_\_\_\_\_  
Defendant or Defendant's Counsel

Address

Telephone Number

Facsimile Number

Email address

ATTACHMENT 8D

**\*\*\* 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**

|                  |   |                     |
|------------------|---|---------------------|
| _____            | ) |                     |
| <b>Plaintiff</b> | ) |                     |
|                  | ) |                     |
| <b>v.</b>        | ) | <b>CL No.</b> _____ |
|                  | ) |                     |
| _____            | ) |                     |
| <b>Defendant</b> | ) |                     |

**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 marriage, namely:  
\_\_\_\_\_; *(list all children's names and their dates of birth)*. **OR**

2(b). There are no children born or adopted of this marriage under the age of 18 years;

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 6. DO NOT PLACE ANY PARTY'S FULL SOCIAL SECURITY NUMBER ON THIS ORDER!!!! USE THE PRIVATE ADDENDUM.)*

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 (day) \_\_\_\_\_ (month), \_\_\_\_\_ (year);

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

9. The parties have entered into an Agreement titled \_\_\_\_\_ dated \_\_\_\_\_  
(day) \_\_\_\_\_ (month), \_\_\_\_\_ (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.

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 Privacy Addendum

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Driver License No.: \_\_\_\_\_

**Defendant**

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

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

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

Date of Birth: \_\_\_\_\_

Last Four Digits of Soc. Sec. No.: \_\_\_\_\_

Full Soc. Sec. No.: See Privacy Addendum

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Driver License No.: \_\_\_\_\_

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 in **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; and

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

Facsimile Number

Email Address

\_\_\_\_\_  
Defendant or Defendant's Counsel

Address

Telephone Number

Facsimile Number

Email address

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

ATTACHMENT 8E

**\*\*\* 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**

|                  |   |                     |
|------------------|---|---------------------|
| _____            | ) |                     |
| <b>Plaintiff</b> | ) |                     |
|                  | ) |                     |
| <b>v.</b>        | ) | <b>CL No.</b> _____ |
|                  | ) |                     |
| _____            | ) |                     |
| <b>Defendant</b> | ) |                     |

**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 OR adopted (*state one or the other but not both*) of the marriage, namely: \_\_\_\_\_; (*list all children's names and dates of birth*). OR

2(b). There are no children born or adopted of this marriage under the age of 18 years;

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 \_\_\_\_\_ (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 \_\_\_\_\_ (day) \_\_\_\_\_ (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 \_\_\_\_\_ (day) \_\_\_\_\_ (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);

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 and/or spouse 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 Privacy 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 Privacy 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. 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 of the name, address and telephone number of \_\_\_\_ (*his or her – choose only one*) current employer, or if at any time 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 the name, address and telephone number of \_\_\_\_ (*his or her – choose only one*) 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. 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 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

Facsimile Number

Email Address

\_\_\_\_\_  
Defendant

Address

Telephone Number

Facsimile Number

Email address

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

ATTACHMENT 8F

**\*\*\* 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.**

**VIRGINIA:**

**IN THE CIRCUIT COURT OF FAIRFAX COUNTY**

|                  |   |                     |
|------------------|---|---------------------|
| _____            | ) |                     |
| <b>Plaintiff</b> | ) |                     |
|                  | ) |                     |
| v.               | ) | <b>CL No.</b> _____ |
|                  | ) |                     |
| _____            | ) |                     |
| <b>Defendant</b> | ) |                     |

**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 OR adopted (*state one or the other but not both*) of the marriage, namely: \_\_\_\_\_; (*list all children's names and dates of birth*). OR

2(b). There are no children born or adopted of this marriage under the age of 18 years;

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 \_\_\_\_\_ (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 \_\_\_\_\_ (day) \_\_\_\_\_ (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 \_\_\_\_\_ (day) \_\_\_\_\_ (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*);

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 and/or spouse 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 Privacy 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 Privacy 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. 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 of the name, address and telephone number of \_\_\_\_\_ (*his or her – choose only one*) current employer, or if at any time 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 the name, address and telephone number of \_\_\_\_\_ (*his or her – choose only one*) 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. 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 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

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:**

ATTACHMENT 9A

**\*INCLUDE INSTRUCTIONS**

**\*\*\* 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.**

**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, \_\_\_\_\_ 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*), \_\_\_\_\_.

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 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; (*or your spouse if you were not*)

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

8(a). There is/are \_\_\_\_ child[ren] (*insert number*) was/were born of the marriage, namely: \_\_\_\_\_; (*list all children's names and their dates of birth*).

**OR**

(b). There are no children born or adopted of this marriage under the age of 18 years;

9. I am not 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 separated<sup>1</sup> 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.

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).*

17. I recognize and identify the document filed herein and attached as Exhibit 1 as that Agreement. *(Delete this is no Agreement and there are no further issues for the court's determination).*

---

<sup>1</sup> 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.

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).*

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 9B

**\*\*\* 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.**

**VIRGINIA**

**IN THE FAIRFAX COUNTY CIRCUIT COURT**

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

**AFFIDAVIT OF CORROBORATING WITNESS IN SUPPORT OF DIVORCE**  
**PURSUANT TO VIRGINIA CODE § 20-106**

ON THIS day \_\_\_\_\_ 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 she 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 \_\_\_\_\_ and my address is \_\_\_\_\_ (*street number and street*), \_\_\_\_\_ (*city*), \_\_\_\_\_ (*state*).

2. The Plaintiff is \_\_\_\_\_ (name). The Defendant is \_\_\_\_\_ (name). I am familiar with both the Plaintiff and the Defendant.

3. I have read and can verify the allegations in the Complaint, which is attached hereto.

4. The Plaintiff, Defendant and I are all over the age of 18.

5. The Plaintiff, Defendant and I are all of sound mind, free from any condition that renders any of us legally incompetent.

6. Neither the Plaintiff nor Defendant is incarcerated.

***(Choose either #7(a) OR #7(b) — NOT BOTH. Renumber as #7) (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.)***

7(a). Neither party is an active duty member of the military service of the United States; **OR**

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

8. The parties were married on \_\_\_\_\_ (month), \_\_\_\_\_ (day), \_\_\_\_\_ (year) in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

***(Choose either (a) OR (b) – NOT BOTH. Renumber as #9.)***

9(a). There is/are \_\_\_\_ child[ren] (insert number) was/were born of the marriage, namely: \_\_\_\_\_; (list all children's names and their dates of birth).  
**OR**

(b). There are no children born or adopted of this marriage under the age of 18 years;

10. To the best of my knowledge, the Plaintiff/Defendant is not currently pregnant from the marriage (*choose the spouse that is female*).

11. At the time of the filing of the suit and for at least six months preceding the filing of the suit, the Plaintiff (*or Defendant*), was an actual bona fide resident and domiciliary of this Commonwealth.

12. The parties separated on \_\_\_\_\_ (month), \_\_\_\_\_ (day), \_\_\_\_\_ (year).

13. I am aware the parties separated on the date above because \_\_\_\_\_  
\_\_\_\_\_.  
(include as much detail as possible as to how you found out)<sup>1</sup>

14. To the best of my knowledge and belief, it was the intention of the Plaintiff on the date of separation that the separation would be permanent and that intention has continued through the present date.

15. The parties have not resumed cohabitation or reconciled at any time since the date of separation and I know this because \_\_\_\_\_  
\_\_\_\_\_.

(include as much information as possible as to how you know they have not resumed cohabitation or reconciled. Examples might include going over to the residence frequently, observing that the other spouse was never present, that you did not see the other spouse's personal belongings, etc.)

16. I have been to the Plaintiff's residence since the date of separation and have not observed anything to indicate that Defendant is living there with the Plaintiff.

---

<sup>1</sup> If the Plaintiff and Defendant separated while living under the same roof during the time of their separation, you must add the language at the end of this document and renumber accordingly.

17. I know the parties have not resumed cohabitation or reconciled because my relationship with the Plaintiff is such that I would know if the Plaintiff and Defendant had reconciled or resumed marital cohabitation.

18. To the best of my knowledge and belief, the parties have lived separate and apart continuously and without interruption and without marital cohabitation since the date of separation with the intent to remain separate and apart permanently, for the statutory period required by Va. Code § 20-91(A)(9).

19. I do not believe there is hope or possibility of reconciliation between the parties.

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\_\_\_\_.

\_\_\_\_\_  
Witness Name

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 Same Roof)**

15. I hereby aver and affirm that since the parties' separation on \_\_\_\_\_, they have been living separate and apart under the same roof. I have visited \_\_\_\_\_ and \_\_\_\_\_ at their current residence multiple times and I can attest to the following:

- A. I have not observed anything that would appear that the parties are living as husband and wife.
- B. The parties do not share the same bedroom.
- C. The parties reside in different portions of the residence.
- D. To the best of my knowledge, the parties do not eat meals together.
- E. To the best of my knowledge, the parties do not buy groceries together.
- F. To the best of my knowledge, the parties do their own laundry.
- G. The parties do not present themselves to be a couple.
- H. To the best of my knowledge, the parties do not attend family functions together or celebrate holidays together.
- I. The nature of my relationship with \_\_\_\_\_ is such that if the parties resumed cohabiting, even for a day, since \_\_\_\_\_, I would know.

## ATTACHMENT 10

**\*\*\* 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) | ) |                       |
| <b>Plaintiff</b> |             | ) |                       |
|                  |             | ) |                       |
| <b>v.</b>        |             | ) | <b>Case No.</b> _____ |
|                  |             | ) |                       |
|                  |             | ) |                       |
| _____            | (full name) | ) |                       |
| <b>Defendant</b> |             | ) |                       |

## 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 she be restored to the use of her former name, and

IT APPEARING TO THE COURT that Plaintiff's name is \_\_\_\_\_  
(*insert current name*); that she is now divorced and desires to be restored to the use of her former  
maiden name: \_\_\_\_\_ (*insert former or maiden name*);  
that her current address is: \_\_\_\_\_  
\_\_\_\_\_ (*current address*); that she has 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:

\_\_\_\_\_  
Plaintiff, *pro se* (your signed name)

(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.)*

**VIRGINIA:**

**IN THE CIRCUIT COURT OF FAIRFAX COUNTY**

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

**MOTION FOR *PENDENTE LITE* RELIEF**

Plaintiff/Defendant (circle one), \_\_\_\_\_, requests that this Honorable Court grant him / her (*circle 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 are \_\_\_\_ (insert number) children born of this marriage, 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 (circle one) is currently residing in the marital residence with \_\_\_\_\_ (include if with the parties' children).

WHEREFORE, Plaintiff/Defendant (circle one) requests that this Court grant him/her (circle 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 (circle one) to provide health insurance coverage for children.

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

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

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

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

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

☐ Plaintiff/Defendant (circle one) to have exclusive use and possession of the vehicle \_\_\_\_\_ (insert year, make and model of car).

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

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

☐ Plaintiff/Defendant (circle one) to provide plaintiff 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 (circle 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:

☐ 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 (circle one)

VIRGINIA: IN THE CIRCUIT COURT OF FAIRFAX COUNTY

Plaintiff  
vs.

Civil Action No. CL -

Previous Chancery No. CH

Defendant

SERVE:

FRIDAY MOTIONS DAY – PRAECIPE/NOTICE

Moving Party: ☐ Plaintiff ☐ Defendant ☐ Other

Title of Motion: \_\_\_\_\_ Attached ☐ Previously Filed ☐

DATE TO BE HEARD: \_\_\_\_\_ Time Estimate (combined no more than 30 minutes): \_\_\_\_\_

Time to be Heard: ☐ 9:00 a.m. with a Judge ☐ 9:00 a.m. without a Judge

☐ 10:00 a.m. (Civil Action Cases) Does this motion require 2 weeks notice? ☐ Yes ☐ No

☐ 11:30 a.m. (DOMESTIC/Family Law Cases) Does this motion require 2 weeks notice? ☐ Yes ☐ No

Case continued from: \_\_\_\_\_ continued to: \_\_\_\_\_  
(Date) (Date)

Moving party will use **Court Call** telephonic appearance: ☐ Yes ☐ No

Judge \_\_\_\_\_ must hear this motion because (check one reason below):

- ☐ The matter is on the docket for presentation of an order reflecting a specific ruling previously made by that Judge.  
☐ This Judge has been assigned to this entire case by the Chief Judge; or,  
☐ The Judge has advised counsel that all future motions, or this specific motion, should be placed on this Judge's Docket; or,  
☐ This matter concerns a demurrer filed in a case where that Judge previously granted a demurrer in favor of demurrant.

PRAECIPE by: \_\_\_\_\_  
Printed Attorney Name/ Moving Party Name Firm Name

Address

Tel. No.

Fax No.

VSb No.

E-Mail Address

CERTIFICATIONS

I certify that I have in good faith conferred or attempted to confer with other affected parties in an effort to resolve the subject of the motion without Court action, pursuant to Rule [4:15\(b\)](#) of the Rules of the Supreme Court of Virginia; and, I have read, and complied with, each of the Instructions for Moving Party on the reverse side of this form.

\_\_\_\_\_  
Moving Party/Counsel of Record

CERTIFICATE OF SERVICE

I certify on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, a true copy of the foregoing Praecipe was \_\_\_\_\_ mailed \_\_\_\_\_ faxed \_\_\_\_\_ delivered to all counsel of record pursuant to the provisions of Rule [4:15\(e\)](#) of the Rules of the Supreme Court of Virginia.

\_\_\_\_\_  
Moving Party/Counsel of Record



## INSTRUCTIONS FOR MOVING PARTY

**DATE/TIME:** All motions should be noticed for the 10:00 a.m. Civil Action Docket or the 11:30 a.m. Domestic/Family Law Docket (All Divorce cases, adoptions and Juvenile & Domestic Relations Court Appeals) unless the moving party believes the motion will be uncontested. All motions believed to be uncontested should be noticed for 9:00 a.m. All motions noticed for 9:00 a.m. should be set without a judge, unless evidence will be required (e.g., *Ex Parte* Proof, Infant Settlements, Fiduciary Matters), or if it is necessary for the order to be entered that morning rather than in chambers at a later time. **A minimum of two weeks' notice is required for all motions for Summary Judgment, Demurrers, Pleas in Bar, motions pertaining to discovery disputes and other motions for which any party desires to file a memorandum.** A memorandum of points and authorities of five pages or less must accompany any of these pleadings and any other motion placed on the Two Week Docket. If either party believes it necessary to file a memorandum exceeding five double-spaced pages, then the parties must utilize the Briefing Schedule procedure: contact opposing counsel or the opposing party and by agreement conduct a telephone conference call with the Calendar Control Judge, (703) 246-2221; or, if agreement is not possible, give advance notice of an appearance before the Calendar Control Judge to establish a Briefing Schedule.

**Each side should bring a draft proposed order to Court on the day of the hearing, as the ruling must be reduced to an order that day, absent leave of Court.** Cases may only be removed from the docket by the Court or by counsel for the moving party or the moving party. One Week Motions may be removed from the docket up until 4:00 p.m. on the Thursday preceding the hearing date, by contacting the Motions Clerk: (703) 246-4355. Two Week Motions may not be continued or removed from the docket after 4:00 p.m. on the Friday preceding the hearing date, without leave granted by the Judge assigned to hear the motion, for good cause shown.

If a hearing on any motion must take longer than thirty (30) minutes, the moving and responding parties, or their counsel, should appear before the Calendar Control Judge to request a hearing for a day other than a Friday. See, "Motions Requiring More than 30 Minutes" in "Friday Motions Docket Procedures" on the Court's website at <http://www.fairfaxcounty.gov/courts/circuit/CCR-E.htm>

**MOTIONS TO RECONSIDER:** Do not set a Motion to Reconsider for a hearing. (See Friday Motions Docket Procedures, available from the Clerk's Office, the Bar Association office or on the Court's website at the address above.

**CERTIFICATIONS OF MOVING PARTY/COUNSEL:** Rule [4:15](#)(b) of the Rules of the Supreme Court of Virginia provides in pertinent part that "Absent leave of court, and except as provided in paragraph (c) of this Rule, reasonable notice shall be in writing and served at least seven days before the hearing. Counsel of record shall make a reasonable effort to confer before giving notice of a motion to resolve the subject of the motion **and to determine a mutually agreeable hearing date and time.**"

**CERTIFICATE OF SERVICE:** Pursuant to Rule [4:15](#) (e), a motions pleading shall be deemed served when it is actually received by, or in the office of, counsel of record through delivery, mailing, or facsimile transmission; not when it is mailed or sent.

## INFORMATION FOR MOVING PARTY

**COURTCALL TELEPHONIC APPEARANCE:** In most cases, Virginia attorneys may appear by phone in lieu of appearing in Court for the hearing. To set up a telephonic appearance, you must call (888) 882-6878. For information, please visit the Court's website at <http://www.fairfaxcounty.gov/courts/circuit/CCR-E-60-70.htm>. The Clerk's Office prefers that you notify it that you have set up a telephonic appearance by calling (703) 246-2880 no later than 4:00 p.m. on Thursday prior to the hearing date. The Court encourages use of this procedure, and either party may appear by phone.

**NOTE:** Telephonic appearance is only for members of the Virginia State Bar and licensed attorneys allowed to practice *pro hac vice* in the Fairfax County Circuit Court (with a member of the Virginia State Bar present over the phone or in person)

**CONCILIATION PROGRAM:** The Fairfax Circuit Court strongly encourages use of conciliation procedures to resolve motions. The Fairfax Bar Association's Conciliation Program conducts conciliation without charge by experienced litigators, who meet in person or by telephone with all interested parties. To request conciliation, fax a Request for Conciliation form to the Fax Hotline, (703) 273-1274; e-mail a request for conciliation to: [ffxconciliation@aol.com](mailto:ffxconciliation@aol.com) or leave a voice mail message at (703) 627-1228. You will be contacted before the hearing date by a representative of the Conciliation Program.

ATTACHMENT 12A

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 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*)

*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 (*circle 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 (*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: *(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 (*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)*

**6. 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)*

**7. 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 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

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

**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  
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:**

ATTACHMENT 12B

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 (*circle 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.: \_\_\_\_\_  
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***)

**Note:** If any of above information is not provided because of an exception pursuant to §20-107.1.H.1 , state the exception: \_\_\_\_\_

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.  
(Circle "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. For so long as either party is bound by an obligation under this Order, each party shall give each other and the court at least 30 days' written notice, in advance, of any change of address. The parties shall also give each other and the court notice of 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

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 (*circle one*) shall pay to the Plaintiff / Defendant (*circle 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. 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*)

**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 (*circle one*) shall provide health care insurance coverage for the Plaintiff / Defendant (*circle 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 (*circle 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 (*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)*

**5. 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)*

**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

Facsimile Number

Email Address

\_\_\_\_\_  
Defendant

Address

Telephone Number

Facsimile 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  
Facsimile Number  
Email Address

\_\_\_\_\_  
Defendant  
Address  
Telephone Number  
Facsimile Number  
Email address

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

ATTACHMENT 12C

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**

|                  |   |                     |
|------------------|---|---------------------|
|                  | ) |                     |
| <b>Plaintiff</b> | ) |                     |
|                  | ) |                     |
| <b>v.</b>        | ) | <b>CL No.</b> _____ |
|                  | ) |                     |
|                  | ) |                     |
| <b>Defendant</b> | ) |                     |

**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  
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:**

# INCOME WITHHOLDING FOR SUPPORT

[ ] ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO) [ ] AMENDED IWO  
[ ] LUMP SUM PAYMENT  
[ ] TERMINATION of IWO

Date: .....

[ ] Child Support Enforcement (CSE) Agency [X] 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 <http://www.acf.hhs.gov/programs/cse/newhire/employer/publication/publication.htm#forms>). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory Commonwealth of Virginia Remittance Identifier (include w/ payment) .....  
City/County/Dist./Tribe ..... Case No. ....  
Private Individual/Entity ..... DCSE No. ....

|                                      |                            |  |
|--------------------------------------|----------------------------|--|
| EMPLOYER/INCOME WITHHOLDER'S NAME    |                            | RE: .....  |
| EMPLOYER/INCOME WITHHOLDER'S ADDRESS |                            | EMPLOYEE/OBLIGOR'S NAME (LAST, FIRST, MIDDLE) .....        |
| .....                                |                            | EMPLOYEE/OBLIGOR'S SOCIAL SECURITY NUMBER .....            |
| .....                                |                            | CUSTODIAL PARTY/OBLIGEE'S NAME (LAST, FIRST, MIDDLE) ..... |
| EMPLOYER/INCOME WITHHOLDER'S FEIN    |                            |  |
| Child's Name (Last, First, Middle)   | Child(ren)'s Birth Date(s) |  |
| .....                                | .....                      |  |
| .....                                | .....                      |  |
| .....                                | .....                      |  |
| .....                                | .....                      |  |

**ORDER INFORMATION:** This document is based on the support or withholding 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 .....

**AMOUNTS TO WITHHOLD:** 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.

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is Virginia, you must begin withholding no later than the first pay period that occurs following service of this Order/Notice on you, the employer. Send payment on the pay date, or if electronic funds transfer is used, send payment within four days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, the total withheld amount, including your fee, may not exceed ..... % of the employee's/obligor's disposable income for all orders. If the employee/obligor's principal place of employment is not Virginia, obtain withholding limitations, time requirements, and any allowable employer fees at [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm) for the employee/obligor's principal place of employment.

Document Tracking Identifier: .....

OMB: 0970-0154

Employer's Name ..... Employer FEIN .....

Employee/Obligor's Name .....

DCSE No. .... Case No. ....

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit [SDU]), see [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm).

Include the **Remittance Identifier with the payment** and if necessary this FIPS code: .....

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

Division of Child Support Enforcement  
P.O. Box 570  
Richmond, VA 23218-0570.

☐ **Return to Sender [Completed by Employer/Income Withholder].** Payment must be directed to an SDU in accordance with 42 USC § 666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). 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.

Signature of Judge/Issuing Official (if required by State or Tribal law): .....

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.

#### ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at:  
[http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm)

**Priority:** Withholding for support has priority over any other legal process under State law against the same income. (USC 42 § 666(b)(7)). If a Federal tax levy is in effect, please notify the sender.

**Combining Payments:** When remitting payments to an SDU or Tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

**Payments to SDU:** Employer/income withholder must send child support payments payable by income withholding to the appropriate SDU. If this IWO instructs the employer/income withholder to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), the employer/income withholder must check the box above and return this notice to the sender. Exception: If this IWO was sent by a Court, Attorney or Private Individual/Entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, the employer/income withholder must follow the payment instructions on this form.

**Reporting the Pay Date:** You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment regarding the time periods within which you must implement the withholding and forward the support payments.

**Multiple IWO's:** If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWO's 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. Follow the State or Tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

**Lump Sum Payments:** You may be required to notify a State or Tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

**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 DISCUSS OR TAKE DISCIPLINARY ACTION AGAINST AN EMPLOYEE/OBLIGOR OR REFUSE TO EMPLOY ANY PERSON BECAUSE OF THIS ORDER, YOU ARE LIABLE FOR A CIVIL FINE OF UP TO \$1,000.00.

OMB Expiration Date – 05/31/2014. The OMB Expiration Date has no bearing on the termination date or validity of the income withholding order; it identifies the version of the form currently in use.

Employer's Name: ..... Em ployer FEIN .....

Employee/Obligor's Name .....

DCSE No. .... Case No: .....

**Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment (see **REMITTANCE INFORMATION**). Disposable income is the net income left after making mandatory deductions such as State, Federal, local taxes; Social Security taxes; statutory pension contributions and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% to 55% and 65% if the arrears are greater than 12 weeks. If permitted by the State or Tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholders who receive a State IWO, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673(b)).

Depending upon applicable State or Tribal law, you may need to also consider the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

**Arrears greater than 12 weeks?** If the *Order Information* does not indicate whether the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

**Additional Information:** The attached **COMPLIANCE PROVISIONS** are incorporated into this order by reference.

Virginia employers may charge and withhold from the employee/obligor's income a fee 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.

The total that you can deduct for the support payment, the health insurance premium or a total of both cannot exceed the percentage shown on this IWO. If you cannot withhold enough to cover both the support payment and the health insurance premium because their total exceeds the maximum percentage allowed, your priority shall be the [ ] insurance premium [ ] support payment.

**NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS:** If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, an employer must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the Contact Information below:

[ ] 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 phone number: .....

Last known address: .....

Final payment date to SDU/Tribal payee: ..... Final payment amount: .....

New employer's name: .....

New employer's address: .....

**CONTACT INFORMATION**

**To Employer/Income Withholder:** If you have any questions, contact ..... (Issuer Name)

by phone at ....., by fax at ....., by email or website at:  
.....

Send termination notice to:

Virginia Division of Child Support Enforcement  
801 East Main Street  
Richmond, VA 23219-2901

Send all other correspondence to:

.....  
NAME OF COURT

.....  
ADDRESS OF COURT

.....

**To Employee/Obligor:** If the employee/obligor has questions, contact ..... (Issuer Name)

by phone at ....., by fax ....., by email or website at:  
.....

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

OMB Expiration Date – 05/31/2014. The OMB Expiration Date has no bearing on the termination date or validity of the income withholding order; it identifies the version of the form currently in use.



a. THIS ORDER IS BINDING UPON YOU AND YOUR EMPLOYEE:

- (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.

Call the clerk of this court if you have any questions concerning this Order.

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.
- ☐ 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 4.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:

DATE

EMPLOYER NAME

by \_\_\_\_\_  
SIGNATURE

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

|  |  |
|--|--|
| <p>.....<br/>EMPLOYER NAME</p> <p>.....<br/>Address .....</p> <p>.....</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;"><input type="checkbox"/> PERSONAL SERVICE</div> Tel. No. ....  | <p>.....<br/>EMPLOYER NAME</p> <p>.....<br/>Address .....</p> <p>.....</p> <p>TEL. NO. .... FACSIMILE NO. ....</p> <p>I certify that on .....<br/>DATE</p> <p>I sent to the named employer by electronic means a certified copy of this order.</p> <p style="text-align: right;">.....<br/><input type="checkbox"/> CLERK    <input type="checkbox"/> DEPUTY CLERK</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:<br/>.....<br/>.....</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.<br/>.....<br/>.....</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> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;"><input type="checkbox"/> Not found</div> .....<br>SERVING OFFICER |  |
| <p>..... for .....<br/>DATE</p>  |  |

- a. THIS ORDER IS BINDING UPON YOU AND YOUR EMPLOYEE:
- (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.
- Call the clerk of this court if you have any questions concerning this Order.
- 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.
  - ☐ 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 4.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 \_\_\_\_\_