

DISTRICT COURT FORMS MANUAL

EFFECTIVE JULY 1, 2011

**SUPREME COURT OF VIRGINIA
OFFICE OF THE EXECUTIVE SECRETARY**

FOR REFERENCE ONLY: This is a list of District Court Forms produced by the Office of the Executive Secretary including their current revision dates. The list includes forms for public use and forms used by court personnel only. Not all forms on this list are available and you cannot link to the revisable Internet forms from this listing.

MISCELLANEOUS FORMS

Form #	Form Name	Form Type	Revision Date
DC-25	CIRCUIT COURT CASE TRANSMITTAL AND FEES REMITTANCE SHEET	Master	11/10
DC-30	COMMONWEALTH OF VIRGINIA DRIVER'S LICENSE REINSTATEMENT FORM	Master	12/05
DC-33	DELINQUENT COLLECTIONS REPORT	Master	05/09
DC-40	LIST OF ALLOWANCES	Printed	07/10 (front) 07/09 (reverse)
DC-40(a)	APPLICATION AND AUTHORIZATION FOR WAIVER OF FEE CAP	Master	01/08 (front) 07/08 (reverse)
DC-42	LIST OF ALLOWANCES FOR COMMONWEALTH WITNESS	Printed	10/89
DC-43	LIST OF ALLOWANCES FOR JURORS	Printed	12/88
DC-43(c)	LIST OF ALLOWANCES FOR JURORS – CONTINUATION SHEET	Printed	12/88
DC-44	LIST OF ALLOWANCES – INTERPRETER	Printed	04/11 (front) 07/08 (reverse)
DC-52	PUBLIC DEFENDER TIMESHEET	Printed	07/01
DC-60	INVOLUNTARY ADMISSION HEARING INVOICE	Printed	07/08 (front) 07/10 (reverse)
DC-90	ORDER DESIGNATING DISTRICT COURT JUDGE, RETIRED JUDGE OR SUBSTITUTE JUDGE TO PRESIDE IN A DISTRICT COURT	Master	10/08
DC-91	ORDER OF DISQUALIFICATION/WAIVER OF DISQUALIFICATION	Master	12/01

COURT CASE FORMS – TRAFFIC

DC-200s

Form #	Form Name	Form Type	Revision Date
DC-201	NOTICE OF ADMINISTRATIVE SUSPENSION OF DRIVER'S LICENSE/DRIVING PRIVILEGE	Printed	07/04 (front) 11/06 (reverse)
DC-202	MOTION FOR REVIEW OF ADMINISTRATIVE SUSPENSION OF DRIVER'S LICENSE/DRIVING PRIVILEGE	Master	10/08
DC-210	ACKNOWLEDGEMENT OF SUSPENSION OR REVOCATION OF DRIVER'S LICENSE	Printed	11/10 (front) 10/08 (reverse)
DC-215	NOTICE OF DISHONORED CHECK OR CREDIT CARD CHARGE	Master	11/06
DC-216	COMPLIANCE WITH LAW CERTIFICATE	Master	07/11
DC-217	VIRGINIA PREPAYABLE OFFENSES INFORMATION SHEET	Printed	07/11 (front) 07/11 (reverse)

COURT CASE FORMS – TRAFFIC**DC-200S**

Form #	Form Name	Form Type	Revision Date
DC-224	NOTICE TO PAY	Master	04/11 (p. 1) 04/11 (p. 2)
DC-225	NOTICE TO PAY AND NOTICE OF SUSPENSION FOR FAILURE TO PAY	Printed	10/09 (front) 04/11 (reverse)
DC-225	NOTICE TO PAY AND NOTICE OF SUSPENSION FOR FAILURE TO PAY (letter format only)	Printed	04/11
DC-231	CERTIFICATE OF REFUSAL – BLOOD/BREATH TEST WATERCRAFT OR MOTORBOATS	Master	07/07 (p. 1) 07/07 (p. 2)
DC-232	CERTIFICATE OF REFUSAL – BLOOD/BREATH TEST COMMERCIAL MOTOR VEHICLE	Master	08/01
DC-233	DECLARATION AND ACKNOWLEDGEMENT OF REFUSAL – BLOOD/BREATH TEST	Printed	05/07
DC-260	DRIVER'S LICENSE FORFEITURE/SUSPENSION AND RESTRICTED DRIVING ORDER (DC-261 is pages two and three of DC-260, DC-265, DC-282, DC-359, DC-576 & DC-577)	Printed	07/11 (p. 1, front) 07/10 (p. 1, reverse) 07/11 (p. 2) 07/11 (p. 3)
DC-261	RESTRICTED LICENSE ORDER (DC-261 is pages two and three of DC-260, DC-265, DC-282, DC-359, DC-576 & DC-577)	Printed	07/10 (p.1) 07/10 (p. 2)
DC-262	ORDER TO ENTER INTO PROGRAM	Master	11/10
DC-263	APPLICATION FOR RESTRICTED DRIVER'S LICENSE	Master	07/07 (p. 1) 07/11 (p. 2)
DC-265	RESTRICTED DRIVER'S LICENSE AND ENTRY INTO ALCOHOL SAFETY ACTION PROGRAM (DC-261 is pages two and three of DC-260, DC-265, DC-282, DC-359, DC-576, & DC-577)	Printed	07/11 (front, p. 1) 07/10 (reverse, p. 1) 07/11 (p. 2) 07/11 (p. 3)
DC-266	RESTRICTED LICENSE CONDITIONS – IGNITION INTERLOCK ORDER	Printed	10/08 (front) 10/00 (reverse)
DC-267	OUT OF SERVICE ORDER – DRIVER	Master	04/97
DC-270	PETITION FOR AUTHORIZATION FOR RESTRICTED DRIVER'S LICENSE – FAILURE TO PAY FINES AND COSTS	Printed	07/08 (front) 07/11 (reverse)
DC-271	AUTHORIZATION FOR RESTRICTED DRIVER'S LICENSE – FAILURE TO PAY FINES AND COSTS	Printed	07/11 (front) 07/08 (reverse)
DC-273	PETITION FOR AUTHORIZATION FOR RESTRICTED DRIVER'S LICENSE – CONVICTION FOR UNAUTHORIZED DRIVING	Master	10/09 (p. 1) 07/11 (p. 2)
DC-274	AUTHORIZATION FOR RESTRICTED DRIVER'S LICENSE – CONVICTION FOR UNAUTHORIZED DRIVING	Printed	07/11 (front) 11/10 (reverse)
DC-280	PETITION AND ORDER TO SUSPEND DRIVER'S LICENSE – FAILURE TO PAY CHILD SUPPORT	Master	07/11
DC-281	PETITION FOR RESTRICTED DRIVER'S LICENSE – FAILURE TO PAY CHILD SUPPORT	Master	07/11
DC-282	RESTRICTED DRIVER'S LICENSE ORDER – FAILURE TO PAY CHILD SUPPORT (DC-261 is pages two and three of DC-260, DC-265, DC-282, DC-359, DC-567 & DC-577)	Printed	07/11 (p. 1, front) 10/08 (p.1, reverse) 07/11 (p. 2) 07/11 (p. 3)

COURT CASE FORMS – TRAFFIC**DC-200s**

Form #	Form Name	Form Type	Revision Date
DC-284	MOTION TO DISMISS TOLL ROAD SUMMONS	Master	07/11
DC-285	SUMMONS FOR TOLL ROAD OR DESIGNATED ACCESS HIGHWAY VIOLATION	Master	11/10 (p. 1) 07/11 (p. 2)
DC-286	DISPOSITION ORDER – UNIFORM SUMMONS	Master	07/11
DC-287	SUMMONS FOR HIGH-OCCUPANCY TOLL (HOT) LANE VIOLATION	Master	01/10 (p. 1) 01/10 (p. 2)

COURT CASE FORMS – CRIMINAL**DC-300s**

Form #	Form Name	Form Type	Revision Date
DC-301	REQUEST FOR CONFIDENTIALITY BY CRIME VICTIM	Master	01/06
DC-302	REQUEST FOR COPY OF CERTIFICATE OF ANALYSIS	Master	10/08
DC-303	MOTION FOR TRANSMISSION OF BLOOD SAMPLE	Master	07/05
DC-304	NOTICE, MOTION AND ORDER FOR CHEMICAL ANALYSIS OF ALLEGED PLANT MATERIAL	Printed	10/08
DC-305	OBJECTION TO ADMISSION OF CERTIFICATE OF ANALYSIS/VIDEO TESTIMONY	Master	07/10
DC-306	OBJECTION TO ADMISSION OF AFFIDAVIT	Master	07/10
DC-310	CRIMINAL COMPLAINT (BAD CHECK)	Printed	07/11
DC-311	CRIMINAL COMPLAINT	Printed	07/11
DC-312	WARRANT OF ARREST – FELONY	Master	12/08 (p. 1) 07/11 (p. 2)
DC-314	WARRANT OF ARREST – MISDEMEANOR (STATE)	Master	07/11 (p. 1) 07/11 (p. 2)
DC-315	WARRANT OF ARREST – MISDEMEANOR (LOCAL)	Master	07/11 (p. 1) 07/11 (p. 2)
DC-319	SUMMONS	Master	07/11 (p. 1) 07/11 (p. 2)
DC-320	WARRANT OF ARREST – ILLEGAL ALIEN PURSUANT TO 19.2-81.6	Master	07/04
DC-321	SUMMONS OF CORPORATION OR LEGAL ENTITY – MISDEMEANOR OR FELONY	Master	10/09
DC-322	ORDER – TRANSFER OF JURISDICTION	Master	07/92
DC-323	RECALL OF PROCESS	Printed	11/92

COURT CASE FORMS – CRIMINAL**DC-300s**

Form #	Form Name	Form Type	Revision Date
DC-324	NOTICE – APPEARANCE, WAIVER AND PLEA	Master	05/07
DC-325	REQUEST FOR WITNESS SUBPOENA	Printed	10/08
DC-326	SUBPOENA FOR WITNESS	Printed	10/08 (front) 07/03 (reverse)
DC-326x	SUBPOENA FOR WITNESS (continuous paper)	Printed	10/08 (front) 07/03 (reverse)
DC-327	CHECKLIST FOR BAIL DETERMINATIONS	Printed	07/01 (front) 07/11 (reverse)
DC-328	MOTION TO TRY DEFENDANT FOR A MISDEMEANOR WITHOUT APPOINTMENT OF COUNSEL	Master	07/11
DC-329	RECOGNIZANCE (WITNESS)	Printed	07/11
DC-330	RECOGNIZANCE	Master	07/11 (p. 1) 07/11 (p. 2) 07/11 (p. 3)
DC-331	SURETY’S CAPIAS AND BAILPIECE RELEASE	Printed	08/99
DC-332	AFFIDAVIT FOR SURETY	Printed	11/07
DC-333	FINANCIAL STATEMENT – ELIGIBILITY DETERMINATION FOR INDIGENT DEFENSE SERVICES	Printed	11/10
DC-334	REQUEST FOR APPOINTMENT OF A LAWYER	Printed	11/06
DC-335	TRIAL WITHOUT A LAWYER	Printed	05/08
DC-336	SUBPOENA DUCES TECUM	Printed	06/06 (front) 07/04 (reverse)
DC-337	TRIAL WITHOUT COUNSEL	Master	11/10
DC-338	AFFIDAVIT FOR SEARCH WARRANT	Master	07/08 (p. 1) 05/07 (p. 2)
DC-339	SEARCH WARRANT	Master	07/01 (p. 1) 01/09 (p. 2)
DC-342	ORDER FOR PSYCHOLOGICAL EVALUATION	Master	07/10 (p. 1) 07/10 (p. 2)
DC-345	ORDER FOR TREATMENT OF INCOMPETENT DEFENDANT	Master	07/09
DC-346	NOTICE OF NEW TRIAL DATE	Printed	12/84
DC-346	NOTICE OF NEW TRIAL DATE (letter format only)	Printed	11/10
DC-347	CONTINUANCE CARD NOTICE/APPEARANCE REMINDER NOTICE	Printed	11/92

COURT CASE FORMS – CRIMINAL**DC-300s**

Form #	Form Name	Form Type	Revision Date
DC-348	NOTICE TO INDIVIDUAL – SUBPOENA DUCES TECUM FOR MEDICAL RECORDS	Master	07/04
DC-349	NOTICE TO DEFENDANT REGARDING COUNSEL	Master	07/04
DC-350	NOTICE TO HEALTH CARE PROVIDERS – SUBPOENA DUCES TECUM FOR MEDICAL RECORDS	Master	07/04
DC-351	CHARGE ADDENDUM	Printed	06/06
DC-352	COMMITMENT ORDER	Master	05/09 (p. 1) 07/11 (p. 2)
DC-353	RELEASE ORDER	Master	05/09
DC-354	CUSTODIAL TRANSPORTATION ORDER	Master	05/09
DC-355	ORDER FOR CONTINUED CUSTODY	Printed	07/11
DC-356	DISPOSITION NOTICE	Printed	10/08
DC-356-A	DISPOSITION NOTICE ADDENDUM	Master	03/08
DC-357	ORDER REGARDING SUBSTANCE ABUSE SCREENING – ADULT MISDEMEANOR	Master	10/08
DC-358	ENTRY INTO ALCOHOL REHABILITATION PROGRAM (BOAT)	Master	10/08
DC-359	FORFEITURE OF DRIVER’S LICENSE AND RESTRICTED DRIVER’S LICENSE ORDER – DRUG VIOLATION DC-261 is pages two and three of DC-260, DC-265, DC-282, DC-359, DC-576 & DC-577)	Printed	07/11 (p. 1, front) 07/10 (p. 1, reverse) 07/11 (p. 2) 07/11 (p. 3)
DC-360	SHOW CAUSE SUMMONS (CRIMINAL)	Master	10/08 (p. 1) 07/11 (p. 2)
DC-360x	SHOW CAUSE SUMMONS (CRIMINAL) continuous paper	Printed	10/08 (front) 07/11 (reverse)
DC-361	CAPIAS – ATTACHMENT OF THE BODY	Master	07/11 (p. 1) 07/11 (p. 2)
DC-361x	CAPIAS – ATTACHMENT OF THE BODY continuous paper	Printed	07/11 (front) 07/11 (reverse)
DC-362	MOTION AND AFFIDAVIT REQUESTING COSTS FOR COMPUTER FORENSIC ANALYSIS	Master	07/11
DC-363	PETITION OR MOTION FOR EXPUNGEMENT	Master	07/11
DC-364	RECOGNIZANCE AND BOND TO KEEP THE PEACE	Master	07/11 (p. 1) 07/11 (p. 2)
DC-365	EXPUNGEMENT ORDER	Master	07/11

COURT CASE FORMS – CRIMINAL**DC-300s**

Form #	Form Name	Form Type	Revision Date
DC-367	ORDER AND CERTIFICATE OF DESTRUCTION OF CONTROLLED/CONFISCATED ITEMS	Master	11/07
DC-368	MOTION TO REOPEN (CRIMINAL)/MOTION TO REHEAR (CIVIL)/ MOTION FOR NEW TRIAL (CIVIL) (the reverse side of DC-368 is the reverse for DC-433 & DC-434)	Printed	10/09 (front) 06/06 (reverse)
DC-370	NOTICE OF APPEAL – CRIMINAL	Printed	07/05
DC-371	MOTION AND NOTICE OF HEARING	Master	10/09 (p. 1) 05/09 (p. 2)
DC-372	AUTHENTICATION OF RECORD (in-state usage)	Master	10/07
DC-373	NOTICE OF ISSUANCE OF EMERGENCY PROTECTIVE ORDER	Printed	07/11 (p. 1, front) 07/11 (p. 1&4, reverse) 07/11 (p. 2&3, reverse)
DC-374	WARRANT OF ARREST FOR EXTRADITION	Master	07/05 (p. 1) 07/05 (p. 2)
DC-375	WAIVER OF EXTRADITION PROCEEDINGS	Master	10/07
DC-376	AFFIDAVIT FOR FIRE INVESTIGATION WARRANT	Master	11/06
DC-377	FIRE INVESTIGATION WARRANT	Master	11/06
DC-378	AFFIDAVIT FOR DAM INSPECTION WARRANT	Master	11/06
DC-379	DAM INSPECTION WARRANT	Master	11/06
DC-380	AFFIDAVIT FOR FIRE INSPECTION WARRANT	Master	05/88 (p. 1) 05/88 (p. 2)
DC-381	FIRE INSPECTION WARRANT	Master	05/88 (p. 1) 05/88 (p. 2)
DC-382	EMERGENCY PROTECTIVE ORDER	Printed	07/11 (p. 1, front) 07/11 (p.1 & 4, reverse) 07/11 (p.2 & 3, reverse)
DC-383	PETITION FOR PROTECTIVE ORDER	Master	07/11 (p. 1) 07/11 (p. 2)
DC-384	PRELIMINARY PROTECTIVE ORDER	Master	07/11 (p. 1) 07/11 (p. 2)
DC-385	PROTECTIVE ORDER	Master	07/11 (p. 1) 07/11 (p. 2)
DC-386	AFFIDAVIT FOR PESTICIDE CONTROL ADMINISTRATIVE SEARCH WARRANT	Master	05/00 (p. 1) 08/00 (p. 2)
DC-387	PESTICIDE CONTROL ADMINISTRATIVE SEARCH WARRANT	Master	05/00 (p. 1) 05/00 (p. 2)
DC-388	AFFIDAVIT FOR RELEASE OF HAZARDOUS MATERIAL OR WASTE OR REGULATED SUBSTANCE INVESTIGATION WARRANT	Master	05/00 (p. 1) 05/00 (p. 2)

COURT CASE FORMS – CRIMINAL**DC-300s**

Form #	Form Name	Form Type	Revision Date
DC-389	RELEASE OF HAZARDOUS MATERIAL OR WASTE OR REGULATED SUBSTANCE INVESTIGATION WARRANT	Master	10/04
DC-390	AFFIDAVIT FOR BUILDING INSPECTION WARRANT	Master	07/11 (p. 1) 07/11 (p. 2)
DC-391	BUILDING INSPECTION WARRANT	Master	07/11 (p. 1) 07/01 (p. 2)
DC-392	SEALED DOCUMENTS	Printed	05/03
DC-393	PETITION FOR HIV OR HEPATITIS B OR C VIRUSES TESTING PURSUANT TO 18.2-62	Master	01/09
DC-395	AFFIDAVIT FOR SUMMONS FOR DANGEROUS OR VICIOUS DOG	Master	10/08
DC-396	SUMMONS – DANGEROUS OR VICIOUS DOG	Master	10/08 (p. 1) 07/09 (p. 2)
DC-397	AFFIDAVIT FOR WARRANT FOR DEPREDATION BY DOG	Master	10/08
DC-398	WARRANT – DEPREDATION BY DOG	Master	10/08 (p. 1) 11/06 (p. 2)
DC-399	SEARCH WARRANT – CRUELTY TO ANIMALS	Master	10/08

COURT CASE FORMS – CIVIL**DC-400s**

Form #	Form Name	Form Type	Revision Date
DC-400	MEDIATION ORIENTATION ORDER OF REFERRAL	Master	10/07 (p. 1) 10/08 (p. 2)
DC-401	ORDER FOR APPOINTMENT OF GUARDIAN AD LITEM	Master	07/97
DC-402	WARRANT IN DEBT – SMALL CLAIMS DIVISION	Printed	10/07 (front) 07/01 (reverse)
DC-404	WARRANT IN DETINUE – SMALL CLAIMS DIVISION	Master	05/08 (p. 1) 05/08 (p. 2)
DC-405	PETITION TO TEST FOR BLOOD – BORNE PATHOGENS	Master	07/08 (p. 1) 10/97 (p. 2)
DC-406	PETITION TO REQUIRE BLOOD TEST	Master	07/08 (p. 1) 07/03 (p. 2)
DC-407	REQUEST FOR HEARING – EXEMPTION CLAIM	Printed	07/11 (front) 07/11 (reverse)
DC-410	AFFIDAVIT FOR SERVICE OF PROCESS ON THE SECRETARY OF THE COMMONWEALTH	Printed	10/08 (front) 11/07 (reverse)
DC-411	SERVICE OTHER THAN BY VIRGINIA SHERIFF	Master	10/08
DC-412	WARRANT IN DEBT	Printed	07/04 (front) 07/04 (reverse)

COURT CASE FORMS – CIVIL**DC-400s**

Form #	Form Name	Form Type	Revision Date
DC-412x	WARRANT IN DEBT (continuous paper)	Printed	07/04 (front) 07/04 (reverse)
DC-413	CERTIFICATE OF MAILING POSTED SERVICE	Master	06/99
DC-414	WARRANT IN DETINUE	Printed	07/04 (front) 07/04 (reverse)
DC-415	DETINUE SEIZURE PETITION	Master	05/04 (p. 1) 05/04 (p. 2)
DC-416	DETINUE SEIZURE ORDER	Master	12/00 (p. 1) 06/89 (p. 2)
DC-417	ORDER FOR STAY – SERVICEMEMBERS CIVIL RELIEF ACT	Master	11/07
DC-418	AFFIDAVIT – DEFAULT JUDGMENT – SERVICEMEMBERS CIVIL RELIEF ACT	Printed	11/07
DC-419	MOTION AND ORDER FOR VOLUNTARY NONSUIT	Master	07/07 (p. 1) 07/07 (p. 2)
DC-420	MOTION FOR SHOW CAUSE SUMMONS OR CAPIAS (General District)	Printed	10/08
DC-421	SUMMONS FOR UNLAWFUL DETAINER	Printed	07/11 (front) 07/06 (reverse)
DC-422	NOTICE OF HEARING TO ESTABLISH FINAL RENT AND DAMAGES	Master	12/05
DC-423	DISTRESS PETITION	Master	07/09 (p. 1) 07/93 (p. 2)
DC-424	DISTRESS WARRANT	Master	10/07 (p. 1) 06/89 (p. 2)
DC-428	WARRANT IN DEBT – INTERPLEADER	Master	07/10 (p. 1) 10/07 (p. 2)
DC-429	TENANT’S ASSERTION AND COMPLAINT	Master	07/11 (p. 1) 07/11 (p. 2)
DC-430	SUMMONS FOR HEARING	Master	11/92 (p. 1) 06/95 (p. 2)
DC-432	AFFIDAVIT FOR SUMMONS IN INTERPLEADER	Master	11/10
DC-433	SUMMONS IN INTERPLEADER AND ORDER FOR POSTPONEMENT OF SALE	Master	06/89 (p. 1) 06/06 (p. 2)
DC-434	MOTION TO SET ASIDE DEFAULT JUDGMENT (the reverse side of DC-368 is the reverse for DC-433 & DC-434)	Printed	11/06 (front) 06/06 (reverse)
DC-435	AFFIDAVIT AND PETITION FOR ORDER OF PUBLICATION	Master	11/10
DC-436	ORDER OF PUBLICATION	Master	07/07
DC-437	NOTICE OF CHANGE OF ADDRESS	Master	10/08

COURT CASE FORMS – CIVIL**DC-400s**

Form #	Form Name	Form Type	Revision Date
DC-440	SUMMONS TO ANSWER INTERROGATORIES AND WRIT OF FIERI FACIAS	Printed	07/09 (front) 07/03 (reverse)
DC-441	BILL OF PARTICULARS	Master	05/09
DC-442	GROUNDS OF DEFENSE	Master	05/09
DC-443	ITEMIZED LIST OF DAMAGES	Master	05/09
DC-445	ATTACHMENT PETITION	Master	07/11 (p. 1) 07/93 (p. 2)
DC-446	ATTACHMENT SUMMONS	Master	07/11 (p. 1) 06/89 (p. 2)
DC-447	PLAINTIFF'S BOND FOR LEVY OR SEIZURE	Master	07/93
DC-448	DEFENDANT'S BOND FOR LEVY OR SEIZURE	Master	07/93
DC-449	AFFIDAVIT CONCERNING DEPENDENT CHILDREN AND HOUSEHOLD INCOME	Master	07/09
DC-450	SUGGESTION FOR SUMMONS IN GARNISHMENT	Printed	07/06 (front) 04/84 (reverse)
DC-451	GARNISHMENT SUMMONS	Printed	01/07 (front) 01/07 (reverse)
DC-451a	GARNISHMENT STATUTE	Master	07/05
DC-453	GARNISHMENT DISPOSITION	Master	10/09
DC-454	REQUEST FOR HEARING – GARNISHMENT/LIEN EXEMPTION CLAIM	Printed	07/10 (front) 07/10 (reverse)
DC-455	GARNISHEE INFORMATION SHEET	Printed	07/10 (front) 07/10 (reverse)
DC-456	GARNISHEE'S ANSWER	Printed	07/06 (front) 07/02 (reverse)
DC-458	NOTICE OF SATISFACTION	Printed	11/07
DC-459	MOTION FOR JUDGMENT TO BE MARKED SATISFIED	Master	10/07 (p. 1) 10/07 (p. 2)
DC-460	CIVIL APPEAL BOND	Master	11/10
DC-462	PLAINTIFF'S BOND – LIEN OF MECHANIC FOR REPAIRS	Master	10/07
DC-463	SUMMONS – LIEN OF MECHANIC FOR REPAIRS	Master	11/92 (p. 1) 06/89 (p. 2)
DC-465	ABSTRACT OF JUDGMENT	Master	07/07

COURT CASE FORMS – CIVIL**DC-400s**

Form #	Form Name	Form Type	Revision Date
DC-467	WRIT OF FIERI FACIAS	Master	10/07 (p. 1) 03/82 (p. 2)
DC-468	WRITS OF POSSESSION AND FIERI FACIAS IN DETINUE	Master	05/09 (p. 1) 05/09 (p. 2)
DC-469	REQUEST FOR WRIT OF POSSESSION IN UNLAWFUL DETAINER/WRIT OF POSSESSION	Printed	10/07
DC-470	FORTHCOMING BOND	Master	01/81
DC-472	PETITION FOR REINSTATEMENT OF DRIVING PRIVILEGES	Master	07/03 (p. 1) 07/03 (p. 2)
DC-473	ORDER FOR REINSTATEMENT OF DRIVING PRIVILEGES	Master	07/03
DC-475	NOTICE OF APPEAL – CIVIL	Printed	07/11
DC-476	NOTICE AND MOTION TO CURE DEFICIENCIES – CIVIL APPEAL	Master	07/11 (p. 1) 11/07 (p. 2)
DC-477	PETITION FOR JUDICIAL CERTIFICATION OF ELIGIBILITY FOR ADMISSION	Master	10/09
DC-478	CERTIFICATION OF ELIGIBILITY FOR ADMISSION	Master	11/10
DC-479	PETITION AND ORDER FOR SALE OF PROPERTY	Master	07/11
DC-480	CASE DISPOSITION	Master	12/05
DC-481x	SHOW CAUSE SUMMONS (CIVIL) continuous paper	Printed	10/06 (front) 05/07 (reverse)
DC-482	SHOW CAUSE SUMMONS (BOND FORFEITURE CIVIL)	Master	10/09 (p. 1) 07/06 (p. 2)
DC-483x	CAPIAS: ATTACHMENT OF THE BODY (CIVIL) continuous paper	Printed	07/11 (front) 07/01 (reverse)
DC-485	PETITION FOR RESTORATION OF DRIVING PRIVILEGE – HABITUAL OFFENDER	Master	07/10 (p. 1) 10/07 (p. 2) 07/98 (p. 3)
DC-486	ORDER FOR EVALUATION – HABITUAL OFFENDER	Master	01/96
DC-487	ORDER RESTORING DRIVING PRIVILEGE – HABITUAL OFFENDER	Master	07/10 (p. 1) 10/08 (p. 2) 07/11 (p. 3)
DC-488	MEDICAL EMERGENCY CUSTODY ORDER	Master	11/10
DC-489	MEDICAL EMERGENCY TEMPORARY DETENTION PETITION	Master	11/10
DC-489A	MEDICAL TREATMENT AND DETENTION PETITION	Master	11/10

COURT CASE FORMS – CIVIL**DC-400s**

Form #	Form Name	Form Type	Revision Date
DC-490	MEDICAL EMERGENCY TEMPORARY DETENTION ORDER	Master	11/10 (p. 1) 12/03 (p. 2)
DC-490A	MEDICAL TREATMENT AND DETENTION ORDER	Master	11/10
DC-491	MEDICAL EMERGENCY CUSTODY PETITION	Master	11/10
DC-492	EMERGENCY CUSTODY ORDER	Master	07/11 (p. 1) 07/09 (p. 2)
DC-492A	ORDER EXTENDING EMERGENCY CUSTODY INITIATED BY A LAW ENFORCEMENT OFFICER	Master	07/10 (p. 1) 07/10 (p. 2)
DC-493	EXPLANATION OF INVOLUNTARY COMMITMENT PROCESS – DESCRIPTION OF RIGHTS	Printed	11/10
DC-494A	TEMPORARY DETENTION ORDER – JUDGE	Printed	07/10 (front) 07/09 (reverse)
DC-495	PETITION FOR INJUNCTION OR MANDAMUS – FREEDOM OF INFORMATION ACT AND AFFIDAVIT FOR GOOD CAUSE OR PROTECTION OF SOCIAL SECURITY NUMBERS ACT	Master	07/09
DC-496	ORDER FOR PETITION FOR INJUNCTION OR WRIT OF MANDAMUS	Master	07/09
DC-497	SUBPOENA FOR WITNESS – ATTORNEY ISSUED	Master	07/01 (p. 1) 07/07 (p. 2)
DC-498	SUBPOENA DUCES TECUM – ATTORNEY ISSUED	Master	07/01 (p. 1) 07/04 (p. 2)
DC-499	MOTION AND ORDER FOR RELEASE OF VEHICLE	Master	07/10 (p. 1) 11/10 (p. 2)

COURT CASE FORMS – MENTAL HEALTH (ADULT)**DC-4000s**

Form #	Form Name	Form Type	Revision Date
DC-4000	ORDER FOR ALTERNATIVE TRANSPORTATION PROVIDER	Master	07/10
DC-4001	PETITION FOR INVOLUNTARY ADMISSION FOR TREATMENT	Master	11/10 (p. 1) 11/10 (p. 2)
DC-4002	ORDER FOR TREATMENT	Master	04/11 (p. 1) 07/10 (p. 2) 11/10 (p. 3) 07/10 (p. 4)
DC-4003	ORDER FOR TREATMENT OF INMATE	Master	07/10 (p. 1) 07/10 (p. 2)
DC-4005	PETITION FOR REVIEW OF MANDATORY OUTPATIENT TREATMENT	Master	07/10 (p. 1) 07/10 (p. 2)
DC-4007	ORDER – REVIEW OF MANDATORY OUTPATIENT TREATMENT	Master	07/10 (p. 1) 07/10 (p. 2)
DC-4008	ORDER OF APPOINTMENT OF EXAMINER – EXAMINATION FOR INVOLUNTARY TREATMENT	Master	07/10
DC-4010	PETITION FOR RESCISSION OF MANDATORY OUTPATIENT TREATMENT	Master	07/10

COURT CASE FORMS – MENTAL HEALTH (ADULT) DC-4000s

Form #	Form Name	Form Type	Revision Date
DC-4012	ORDER – RESCISSION OF MANDATORY OUTPATIENT TREATMENT	Master	07/10 (p. 1) 07/10 (p. 2) 07/09 (p. 3)
DC-4015	PETITION TO CONTINUE MANDATORY OUTPATIENT TREATMENT	Master	07/10
DC-4017	ORDER – CONTINUE MANDATORY OUTPATIENT TREATMENT	Master	07/10 (p. 1) 07/10 (p. 2) 07/09 (p. 3)
DC-4020	TRACKING DOCUMENT FOR SENDING OR RECEIVING MANDATORY OUTPATIENT TREATMENT ORDER UPON ENTRY	Master	07/08
DC-4022	TRACKING DOCUMENT FOR SENDING OR RECEIVING MANDATORY OUTPATIENT TREATMENT ORDER UPON TRANSFER	Master	07/08
DC-4024	ORDER – TRANSFER OF JURISDICTION PURSUANT TO VIRGINIA CODE § 37.2-817 J	Master	07/10
DC-4026	CAPIAS: TRANSPORT AND MANDATORY EXAMINATION ORDER	Master	07/10
DC-4029	APPLICATION FOR COPY OF RECORDING OF COMMITMENT HEARING	Master	07/08
DC-4032	WAIVER OF CONFIDENTIALITY OF COURT RECORDS – COMMITMENT FOR MENTAL HEALTH TREATMENT	Master	07/08
DC-4035	PETITION AND ORDER FOR ACCESS TO DISPOSITIONAL ORDER	Master	07/08
DC-4035(A)	ORDER FOR ACCESS TO DISPOSITIONAL ORDER	Master	07/08
DC-4040	PETITION TO RESTORE RIGHT TO PURCHASE, POSSESS OR TRANSPORT A FIREARM	Master	07/11
DC-4042	ORDER – RESTORATION OF RIGHT TO PURCHASE, POSSESS OR TRANSPORT A FIREARM	Master	07/11

COURT CASE FORMS – JUVENILE DC-500s

Form #	Form Name	Form Type	Revision Date
DC-501	ORDER TO CLOSE HEARING	Master	07/96
DC-502A	PETITION FOR JUDICIAL AUTHORIZATION OF ABORTION	Master	07/03
DC-502B	ADVISEMENT OF YOUR RIGHT TO COUNSEL	Master	07/03
DC-502C	ACKNOWLEDGEMENT OF RIGHT TO COUNSEL AND APPOINTMENT OF COUNSEL	Master	07/97
DC-502D	ORDER IN PROCEEDING FOR JUDICIAL AUTHORIZATION OF ABORTION	Master	07/03
DC-502E	NOTICE OF APPEAL – JUDICIAL AUTHORIZATION OF ABORTION	Master	07/97
DC-503	PETITION FOR COURT APPROVAL OF STANDBY GUARDIAN	Master	07/98 (p. 1) 07/98 (p. 2)
DC-504	NOTICE OF PETITION FOR COURT APPROVAL OF STANDBY GUARDIAN	Master	12/98

COURT CASE FORMS – JUVENILE**DC-500s**

Form #	Form Name	Form Type	Revision Date
DC-505	ORDER APPROVING STANDBY GUARDIAN	Master	07/98 (p. 1) 07/98 (p. 2)
DC-506	NOTICE OF REVOCATION/STATEMENT OF REFUSAL – STANDBY GUARDIAN	Master	07/98
DC-508	ACKNOWLEDGEMENT OF NOTICE OF NEXT HEARING DATE	Master	07/02
DC-509	AFFIDAVIT/CERTIFICATION OF PARENTAL IDENTITY OR LOCATION	Master	12/98
DC-510	SUMMONS	Master	07/09 (p. 1) 10/06 (p. 2)
DC-510x	SUMMONS (continuous paper)	Printed	07/09 (front) 10/06 (reverse)
DC-511	PETITION	Master	01/09 (p. 1) 12/01 (p. 2)
DC-512	NOTICE OF HEARING	Printed	10/08
DC-513	ADVISEMENT AND REQUEST FOR APPOINTMENT OF COUNSEL	Printed	05/07
DC-514	ORDER FOR APPOINTMENT OF GUARDIAN AD LITEM	Printed	07/03 (front) 09/03 (reverse)
DC-515	WAIVER OF RIGHT TO BE REPRESENTED BY A LAWYER (JUVENILE)	Printed	05/07
DC-517	WAIVER OF JURISDICTION	Master	10/07
DC-518	TRANSFER/RETENTION ORDER	Master	12/03 (p. 1) 12/03 (p. 2)
DC-519	NOTICE OF TRANSFER HEARING	Master	05/96 (p. 1) 01/81 (p. 2)
DC-520	CERTIFICATION OF JUVENILE FELONY CHARGE	Master	07/96
DC-521	WAIVER OF PRELIMINARY HEARING AND CERTIFICATION	Master	04/97
DC-522	ORDER FOR EVALUATION TO DETERMINE COMPETENCY TO STAND TRIAL – JUVENILE	Master	07/09 (p. 1) 07/99 (p. 2)
DC-523	ORDER FOR PROVISION OF RESTORATION SERVICES TO INCOMPETENT JUVENILE	Master	07/09
DC-524	NOTICE OF RIGHT TO CONSIDERATION OF DIVERSION	Printed	07/11
DC-526	EMERGENCY REMOVAL ORDER	Master	07/02 (p. 1) 07/02 (p. 2)
DC-527	PRELIMINARY CHILD PROTECTIVE ORDER – ABUSE AND NEGLECT	Master	07/11 (p. 1) 07/09 (p. 2) 07/09 (p. 3)
DC-528	PRELIMINARY REMOVAL ORDER	Master	07/02 (p. 1) 05/03 (p. 2)

COURT CASE FORMS – JUVENILE**DC-500s**

Form #	Form Name	Form Type	Revision Date
DC-529	DETENTION ORDER	Master	07/11 (p. 1) 05/09 (p. 2)
DC-530	SHELTER CARE ORDER	Master	07/96 (p. 1) 07/91 (p. 2)
DC-531	ORDER FOR INVOLUNTARY TERMINATION OF RESIDUAL PARENTAL RIGHTS	Master	07/02 (p. 1) 05/04 (p. 2)
DC-532	CHILD PROTECTIVE ORDER – ABUSE AND NEGLECT	Master	07/11 (p. 1) 07/09 (p. 2)
DC-533	ASSESSMENT/PAYMENT ORDER	Master	10/06
DC-534	ORDER FOR VOLUNTARY TERMINATION OF RESIDUAL PARENTAL RIGHTS	Master	05/07 (p. 1) 07/00 (p. 2)
DC-535	NOTICE OF TERMINATION OF RESIDUAL PARENTAL RIGHTS	Master	06/06
DC-536	TRIAL WITHOUT A LAWYER	Master	07/02
DC-538	PLACEMENT ORDER	Master	05/08 (p. 1) 05/08 (p. 2)
DC-539	RELEASE ORDER	Master	11/07
DC-542	ORDER FOR INVESTIGATION AND REPORT	Master	10/07
DC-543	CONFIDENTIALITY NOTICE	Master	10/07
DC-544	ORDER FOR COURT-APPOINTED SPECIAL ADVOCATE (CASA)	Master	05/03
DC-545	PRELIMINARY CHILD PROTECTIVE ORDER	Master	07/11 (p. 1) 07/11 (p. 2) 07/11 (p. 3)
DC-546	CHILD PROTECTIVE ORDER	Master	07/11 (p. 1) 07/11 (p. 2)
DC-549	ORDER OF EMANCIPATION	Master	10/09 (p. 1) 10/09 (p. 2)
DC-550	PETITION REQUESTING AUTHORIZATION FOR MEDICAL TREATMENT OF JUVENILE	Master	07/92 (p. 1) 12/99 (p. 2)
DC-551	ORDER AUTHORIZING MEDICAL TREATMENT OF JUVENILE	Master	07/92
DC-552	FOSTER CARE SERVICE PLAN TRANSMITTAL	Master	07/02 (p. 1) 07/02 (p. 2)
DC-553	DISPOSITIONAL ORDER FOR UNDERLYING PETITION; FOSTER CARE PLAN	Master	07/02 (p. 1) 07/11 (p. 2) 07/02 (p. 3) 07/02 (A-D)
DC-554	PETITION FOR FOSTER CARE REVIEW HEARING	Master	07/08 (p. 1) 07/08 (p. 2)

COURT CASE FORMS – JUVENILE**DC-500s**

Form #	Form Name	Form Type	Revision Date
DC-555	FOSTER CARE REVIEW ORDER	Master	07/08 (p. 1) 07/08 (p. 2) 07/09 (p. 3) 07/08 (p. 4)
DC-556	PETITION FOR PERMANENCY PLANNING HEARING	Master	07/09 (p. 1) 07/11 (p. 2) 07/08 (p. 3)
DC-557	PERMANENCY PLANNING ORDER	Master	07/02 (p. 1) 10/08 (p. 2) 07/11 (p. 3) 07/09 (p. 4) 10/08 (p. 5)
DC-558	PERMANENT FOSTER CARE PLACEMENT ORDER	Master	07/02 (p. 1) 07/02 (p. 2)
DC-559 (A-C)	SUPPLEMENT TO ORDER TRANSFERRING CUSTODY	Master	07/01 (A) 07/00 (B) 07/00 (C)
DC-560	PETITION AND ORDER FOR PARENTAL PARTICIPATION	Master	07/04 (p. 1) 07/04 (p. 2)
DC-561	ADJUDICATORY ORDER FOR ABUSE OR NEGLECT CASES	Master	07/06 (p. 1) 07/02 (p. 2)
DC-562	ORDER FOR CUSTODY TRANSFER TO AGENCY	Master	07/05 (p. 1) 07/05 (p. 2)
DC-565	NOTICE OF PRESENTATION OF DRIVER'S LICENSE	Printed	11/07
DC-568	JUVENILE COMMITMENT REVIEW HEARING ORDER	Master	11/06
DC-569	DISPOSITION ORDER – DELINQUENCY	Master	05/08 (p. 1) 11/10 (p. 2) 05/08 (p. 3)
DC-570	ORDER	Printed	12/98
DC-571	ASSESSMENT ORDER – JUVENILE BOOT CAMP	Master	09/00
DC-572	JUVENILE COMMITMENT ORDER	Master	11/07
DC-573	ORDER FOR CUSTODY/VISITATION ORDER GRANTED TO INDIVIDUAL(S)	Master	07/08
DC-573-S	SUPPLEMENT SHEET TO ORDER FOR CUSTODY/VISITATION GRANTED TO INDIVIDUAL(S)	Master	06/06
DC-574	INFORMATION CONSIDERED IN CHILD CUSTODY/VISITATION PROCEEDINGS	Master	07/09
DC-575	CONFIDENTIAL MATERIALS – JUVENILE CASE APPEAL/TRANSFER TRANSMITTAL	Master	05/05
DC-576	DRIVER'S LICENSE DENIAL ORDER (JUVENILE)/DRIVER'S LICENSE SUSPENSION ORDER (UNDERAGE ALCOHOL VIOLATIONS) (DC-261 is pages two and three of DC-260, DC-265, DC-282, DC-359, DC-576 & DC-577)	Printed	07/11 (p. 1, front) 07/10 (p. 1, reverse) 07/11 (p. 2) 07/11 (p. 3)

COURT CASE FORMS – JUVENILE**DC-500s**

Form #	Form Name	Form Type	Revision Date
DC-577	DRIVER'S LICENSE SUSPENSION ORDER AND ENTRY INTO SERVICES PROGRAM (JUVENILE) (DC-261 is pages two and three of DC-260, DC-265, DC-282, DC-359, DC-576 & DC-577)	Printed	07/11 (p. 1, front) 07/10 (p. 1, reverse) 07/11 (p. 2) 07/11 (p. 3)
DC-578	RESTRICTED DRIVER'S LICENSE	Printed	07/11
DC-580	NOTICE OF APPEAL	Master	10/09
DC-581	NOTICE OF APPEAL – JUVENILE CIVIL APPEALS	Master	07/08
DC-582	REQUEST FOR VIRGINIA REGISTRATION OF A CHILD CUSTODY AND/OR VISITATION DETERMINATION FROM ANOTHER STATE	Master	09/02
DC-583	NOTICE OF REQUEST FOR VIRGINIA REGISTRATION OF A CHILD CUSTODY AND/OR VISITATION DETERMINATION FROM ANOTHER STATE	Master	12/01
DC-584	SUPPLEMENT TO PETITION FOR EXPEDITED ENFORCEMENT UNDER VIRGINIA CODE § 20-146.29 OF THE UCCJEA	Master	12/01
DC-585	NOTICE TO RESPONDENT IN ENFORCEMENT PROCEEDINGS UNDER VIRGINIA CODE § 20-146.29 OF THE UCCJEA	Master	12/01
DC-586	EX PARTE ORDER TO TAKE PHYSICAL CUSTODY OF A CHILD	Master	12/01
DC-587	MOTION AND ORDER FOR EXPUNGEMENT AND DESTRUCTION OF JUVENILE RECORDS	Printed	11/07
DC-588	NOTICE OF EXPUNGEMENT RIGHTS	Printed	11/07
DC-592	EMERGENCY CUSTODY ORDER – JUVENILE	Master	07/11 (p. 1) 07/10 (p. 2)
DC-594	TEMPORARY DETENTION ORDER – JUDGE (JUVENILE)	Printed	07/10 (front) 07/10 (reverse)
DC-597	ORDER FOR INPATIENT TREATMENT – ADMISSION BY PARENTAL CONSENT	Master	07/10 (p. 1) 07/10 (p. 2)
DC-598	ORDER FOR INVOLUNTARY COMMITMENT FOR INPATIENT TREATMENT – JUVENILE	Master	11/10 (p. 1) 11/10 (p. 2) 07/10 (p. 3)
DC-599	ORDER FOR INVOLUNTARY ADMISSION TO MANDATORY OUTPATIENT TREATMENT – JUVENILE	Master	07/10 (p. 1) 07/10 (p. 2) 07/10 (p. 3)

COURT CASE FORMS – MENTAL HEALTH (JUVENILE)**DC-5000s**

Form #	Form Name	Form Type	Revision Date
DC-5005	MOTION FOR REVIEW OF ORDER FOR MANDATORY OUTPATIENT TREATMENT	Master	07/09 (p. 1) 07/09 (p. 2)
DC-5007	ORDER – REVIEW OF ORDER FOR MANDATORY OUTPATIENT TREATMENT	Master	11/10 (p. 1) 07/09 (p. 2) 07/10 (p. 3)
DC-5008	ORDER OF APPOINTMENT OF EVALUATOR – EVALUATION FOR INVOLUNTARY TREATMENT	Master	07/10 (p. 1) 07/10 (p. 2)

COURT CASE FORMS – MENTAL HEALTH (JUVENILE) DC-5000s

Form #	Form Name	Form Type	Revision Date
DC-5009	NOTICE AND MANDATORY EXAMINATION ORDER	Master	07/10
DC-5015	MOTION TO CONTINUE MANDATORY OUTPATIENT TREATMENT ORDER	Master	07/09
DC-5017	ORDER – CONTINUE MANDATORY OUTPATIENT TREATMENT ORDER	Master	07/09 (p. 1) 11/10 (p. 2) 07/10 (p. 3)
DC-5020	TRACKING DOCUMENT FOR SENDING OR RECEIVING MANDATORY OUTPATIENT TREATMENT ORDER UPON ENTRY	Master	07/09
DC-5022	TRACKING DOCUMENT FOR SENDING OR RECEIVING MANDATORY OUTPATIENT TREATMENT ORDER UPON TRANSFER	Master	07/09
DC-5024	ORDER – TRANSFER OF JURISDICTION PURSUANT TO VIRGINIA CODE § 16.1-345.2 G	Master	07/09

COURT CASE FORMS – DOMESTIC RELATIONS DC-600s

Form #	Form Name	Form Type	Revision Date
DC-601	NOTICE – ADMINISTRATIVE SUPPORT DECISION APPEAL	Master	10/02
DC-602	NOTICE OF APPEAL – SUPPORT PROCEEDINGS	Master	07/07 (p. 1) 07/08 (p. 2)
DC-603	NOTICE OF INFORMATION REQUIRED IN CHILD/SPOUSAL SUPPORT PROCEEDINGS	Master	09/02
DC-604	ORDER OF REFERRAL AND MEDIATOR APPOINTMENT FORM – CUSTODY, VISITATION AND SUPPORT CASES	Master	05/09 (p. 1) 05/09 (p. 2)
DC-605	ORDER OF REFERRAL TO PARENT EDUCATION SEMINAR	Master	07/04
DC-606	AFFIDAVIT IN SUPPORT OF APPLICATION FOR PROCEEDINGS IN CUSTODY OR VISITATION CASE WITHOUT PREPAYMENT OF FILING FEES	Master	11/07
DC-610	PETITION FOR SUPPORT (CIVIL)	Master	07/10 (p. 1) 07/09 (p. 2)
DC-611	PETITION FOR PROTECTIVE ORDER – FAMILY ABUSE	Master	07/11 (p. 1) 07/11 (p. 2)
DC-612	DESERTION/NON-SUPPORT PETITION (CRIMINAL)	Master	07/97 (p. 1) 11/07 (p. 2)
DC-614	AFFIDAVIT – DESERTION AND NON-SUPPORT	Master	04/80
DC-615	RESPONDENT’S REQUEST FOR INCOME DEDUCTION ORDER	Master	07/98
DC-616	ORDER OF TRANSFER	Master	06/90
DC-617	MOTION AND NOTICE OF PROPOSED INCOME DEDUCTION ORDER FOR SUPPORT	Master	12/98 (p. 1) 04/06 (p. 2)
DC-618	REQUEST FOR CONFIDENTIALITY – CIVIL	Master	07/05

COURT CASE FORMS – DOMESTIC RELATIONS**DC-600s**

Form #	Form Name	Form Type	Revision Date
DC-619	EXEMPLIFICATION OF RECORD	Master	11/06
DC-620	AFFIDAVIT (UNIFORM CHILD CUSTODY JURISDICTION ACT)	Printed	05/08 (front) 11/96 (reverse)
DC-621	NON-DISCLOSURE ADDENDUM	Printed	07/09
DC-622	SEALED DOCUMENTS	Envelope	05/05
DC-623	MOTION FOR GENETIC TESTING	Master	12/01 (p. 1) 12/01 (p. 2)
DC-624	PARENTAGE TEST ORDER	Printed	12/01
DC-625	MOTION AND NOTICE AND JUDGMENT FOR ARREARAGES	Master	07/05 (p. 1) 06/06 (p. 2)
DC-626	EMERGENCY PROTECTIVE ORDER – FAMILY ABUSE	Printed	07/11 (p. 1, front) 07/11 (p. 1 & 4, reverse) 07/11 (p. 2 & 3, reverse)
DC-627	PRELIMINARY PROTECTIVE ORDER – FAMILY ABUSE	Master	07/11 (p. 1) 07/11 (p. 2) 07/11 (p. 3)
DC-628	ORDER OF SUPPORT (CIVIL)	Printed	07/10 (p. 1) 07/10 (p. 2) 07/09 (p. 3)
DC-629	ORDER OF SUPPORT (CRIMINAL)	Master	07/10 (p. 1) 07/10 (p. 2) 07/10 (p. 3)
DC-630	MOTION TO AMEND OR REVIEW ORDER	Printed	05/05 (front) 07/97 (reverse)
DC-633	NOTICE OF ISSUANCE OF EMERGENCY PROTECTIVE ORDER – FAMILY ABUSE	Printed	07/11 (p. 1, front) 07/11 (p. 1&4, reverse) 07/11 (p. 2&3, reverse)
DC-635	MOTION FOR SHOW CAUSE SUMMONS OR CAPIAS	Printed	10/08
DC-637	CHILD SUPPORT GUIDELINES WORKSHEET	Master	07/09 (p. 1) 05/10 (p. 2)
DC-638	CHILD SUPPORT GUIDELINES WORKSHEET SPLIT CUSTODY	Master	07/09 (p. 1) 07/09 (p. 2)
DC-639	CHILD SUPPORT GUIDELINES EXCEPTION SUPPLEMENT TO ORDER FOR SUPPORT	Master	07/06
DC-640	CHILD SUPPORT GUIDELINES WORKSHEET – SHARED CUSTODY	Master	07/09 (p. 1) 07/10 (p. 2)
DC-641	PARENTAGE SUPPLEMENT TO PETITION	Master	12/01
DC-644	ORDER DETERMINING PARENTAGE	Printed	01/09 (front) 02/04 (reverse)

COURT CASE FORMS – DOMESTIC RELATIONS**DC-600s**

Form #	Form Name	Form Type	Revision Date
DC-645	INCOME WITHHOLDING FOR SUPPORT	Master	11/10 (p. 1) 11/10 (p. 2) 11/10 (p. 3) 11/10 (p. 4) 11/10 (p. 5) 11/10 (p. 6)
DC-646	COMPLIANCE PROVISIONS – INCOME WITHHOLDING FOR SUPPORT	Master	11/10 (p. 1) 11/10 (p. 2)
DC-650	PROTECTIVE ORDER – FAMILY ABUSE	Master	07/11 (p. 1) 07/11 (p. 2) 07/11 (p. 3) 07/11 (p. 4)
DC-652	ORDER DISSOLVING PROTECTIVE ORDER	Master	07/11 (p. 1) 07/09 (p. 2)
DC-653	SUPPLEMENTAL SHEET TO PROTECTIVE ORDER	Master	10/08
DC-660	PERFORMANCE BOND	Master	09/02
DC-670	PETITION FOR SUSPENSION OF PROFESSIONAL OR OTHER LICENSE	Master	10/02
DC-671	ORDER FOR SUSPENSION OF PROFESSIONAL OR OTHER LICENSE	Master	10/02
DC-672	CERTIFICATE OF COMPLIANCE FOR REINSTATEMENT OF PROFESSIONAL OR OTHER LICENSE	Master	10/02
DC-680	CONSENT FOR ADOPTION	Master	07/08
DC-684	FILING OF FOREIGN PROTECTIVE ORDER	Master	07/09
DC-685	REQUEST FOR VIRGINIA REGISTRATION OF FOREIGN SUPPORT ORDER	Master	07/01 (p. 1) 07/01 (p. 2)
DC-686	NOTICE OF REQUEST FOR REGISTRATION	Master	10/07

COURT CASE FORMS – MAGISTRATE**DC-800s**

Form #	Form Name	Form Type	Revision Date
DC-801	ZONING ORDINANCE INSPECTION AFFIDAVIT AND WARRANT	Master	07/08
DC-890	MAGISTRATE LOG	Printed	09/92
DC-892	MAGISTRATE MONTHLY SUMMARY REPORT	Printed	05/00
DC-894	TRANSMITTAL SETTLEMENT CARDS	Printed	07/88
DC-894(A)	TEMPORARY DETENTION ORDER – MAGISTRATE	Master	07/10 (p. 1) 07/09 (p. 2)

COURT CASE FORMS – MAGISTRATE**DC-800s**

Form #	Form Name	Form Type	Revision Date
DC-895	TEMPORARY DETENTION ORDER – MAGISTRATE (JUVENILE)	Master	07/10 (p. 1) 07/10 (p. 2)

CIRCUIT COURT FORMS USED IN DISTRICT COURT

Form #	Form Name	Form Type	Revision Date
CC-1390	ORDER FOR DNA OR HIV TESTING AND/OR FOR PREPARATION OF REPORTS TO CENTRAL CRIMINAL RECORDS EXCHANGE	Printed	07/07
CC-1414	PETITION FOR PROCEEDING IN CIVIL CASE WITHOUT PAYMENT OF FEES OR COSTS	Master	11/06
CC-1433	NOTICE OF COMMENCEMENT OF ACTION AND REQUEST FOR WAIVER OF SERVICE OF PROCESS	Master	07/11

FEDERAL FORMS USED IN DISTRICT COURT

**DISTRICT COURT MANUAL
FORMS VOLUME**

UIFSA Forms Matrix

To Request:	Send the following forms:
Establishment of paternity and support	<ul style="list-style-type: none"> – Child Support Enforcement Transmittal #1-Initial Request – Uniform Support Petition – Affidavit in Support of Establishing Paternity – General Testimony
Establishment of a support order	<ul style="list-style-type: none"> – Child Support Enforcement Transmittal #1-Initial Request – Uniform Support Petition – General Testimony
Modification of existing responding State order	<ul style="list-style-type: none"> – Child Support Enforcement Transmittal #1-Initial Request – General Testimony
Modification of existing order that the responding State did not issue	<ul style="list-style-type: none"> – Child Support Enforcement Transmittal #1-Initial Request – Uniform Support Petition – General Testimony – Registration Statement
Enforcement of existing responding State order	<ul style="list-style-type: none"> – Child Support Enforcement Transmittal #1-Initial Request
Enforcement of an existing order that the responding State did not issue	<ul style="list-style-type: none"> – Child Support Enforcement Transmittal #1-Initial Request – Registration Statement
Case inquiry or update on previously-referred case	<ul style="list-style-type: none"> – Child Support Enforcement Transmittal #2-Subsequent Actions
Assistance/discovery on a local case	<ul style="list-style-type: none"> – Child Support Enforcement Transmittal #3-Request for Assistance/Discovery
Quick locate (or any action requiring service)	<ul style="list-style-type: none"> – Locate Data Sheet

Depending on the case circumstances and responding State requirements, the forms required may differ from those listed in the table above. In addition, other documents, such as copies of orders may be required. Consult the *Interstate Roster and Referral Guide* for state-specific requirements.

NOTICE OF DETERMINATION OF CONTROLLING ORDER

Date _____ IV-D Case: TANF
 IV-E Foster Care
Obligor (First, Mid, Last) , SSN _____ Medicaid Only
 Former Assistance
Obligee (First, Mid, Last) , SSN _____ Never Assistance
Non-IV-D Case:

File Stamp

To: (Agency Name and Address)

FIPS Code _____ State _____

IV-D Case No. _____

Tribunal No. _____

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

FIPS Code _____ State _____

IV-D Case No. _____

Tribunal No. _____

1. On _____ (Date), _____ (Tribunal Name; County, State) determined which order to recognize for prospective enforcement. The following orders were considered:

#	County	State	Date of Order	IV-D Case Number	Docket Number	Order Type
1						
2						
3						
4						
5						

Additional orders listed on attached sheet.

2. The tribunal determined that order number _____ listed above is the controlling order for prospective support.

3. The tribunal determined that none of the existing orders is the controlling order for prospective support. A new controlling order was entered; a certified copy is attached.

4. \$ _____ per _____ (frequency) is the current charging amount.

5. A reconciliation of arrears was completed: Yes No

6. The tribunal calculated arrears to be \$ _____ as of _____ (Date). A certified copy of the arrears reconciliation order is attached.

7. A copy of this notice (and certified copies of the controlling order determination and any arrears reconciliation order) was also sent to:

Entity Name; State

Entity Name; State

Obligor Obligee Additional Entities Listed on Attached Sheet

INSTRUCTIONS FOR NOTICE OF DETERMINATION OF CONTROLLING ORDER

PURPOSE OF THE FORM: This notice provides a standard format for alerting entities in other jurisdictions about a controlling order determination. The actual determination will likely be in a State-specific format (e.g., order or form) which may be attached to the standard Notice of Determination of Controlling Order.

Complete this notice when your State's tribunal makes a determination of controlling order. Generally, this form only needs to be used when there are multiple orders governing the same obligor/obligee/child(ren).

If multiple orders governing the same obligor, obligee, and child(ren) exist, a State can only prospectively enforce or modify the "controlling order" in a UIFSA proceeding. UIFSA contains rules for determining which order is recognized when multiple orders exist. Under these rules:

1. The order issued by a tribunal with continuing, exclusive jurisdiction (CEJ) has priority. An issuing tribunal retains CEJ if the issuing State remains the residence of the obligor, individual obligee, or child, or until all parties file written consent with the tribunal allowing another State to modify the order.
2. If more than one issuing tribunal would have CEJ, the order issued by the child's Home State has priority. "Child Home State" is the State where the child has lived for the prior consecutive 6 months before filing the UIFSA action, or, if the child is under 6 months of age, since birth.
3. If more than one tribunal would have CEJ but there is no order in the child's home State, the most recently issued order has priority.
4. If no tribunal would have CEJ, the responding State must issue a new support order and it becomes the controlling order.

While only the controlling order should be recognized for prospective enforcement, arrears that accrued under other orders may still be enforced.

You must use the Notice of Determination of Controlling Order to notify:

- the initiating IV-D agency if you are acting as a responding jurisdiction in an interstate action,
- any tribunal that has issued, registered, or is enforcing a child support order governing the same parties and child(ren),
- any IV-D agency with an open or closed IV-D case for the parties,
- a party to the order (i.e., the obligor or obligee), as appropriate, or
- a central registry in another State. It may be particularly important to notify a central entity if it keeps a registry of all orders in that State. A central registry may also be willing to notify tribunals or agencies within that State.

HEADING/CAPTION:

- Enter the date the notice was issued.
- Identify the obligor and obligee name and Social Security number in the appropriate spaces.

- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D. TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- In the space marked "To:", list the name and address (street, city, State, and zip code) of the central registry, court, or agency where you are sending the Notice of Determination of Controlling Order.
- In the appropriate spaces, if applicable and if known, enter the FIPS code, State, IV-D case number, and tribunal number of the jurisdiction to which you are sending the Notice. Under "IV-D case number, enter the unique identifier the State uses for interjurisdictional communication, EFT/EDI, and for communication with the Federal Parent Locator Service. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the receiving State may use to identify the case, if known.
- In the space marked "From:", list a contact person, agency name, address (street, city, State, zip code), phone number (including extension), fax number, and e-mail address.
- In the appropriate spaces, enter your jurisdiction's FIPS code, State, IV-D case number, and tribunal number. Under "IV-D case number", enter the unique identifier the State uses for interjurisdictional communication, EFT/EDI, and for communication with the Federal Parent Locator Service. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number which the tribunal or agency has assigned to the case.

MAIN BODY OF FORM:

- In the first blank in **item 1**, enter the date that the determination of controlling order was made. In the second blank, enter the Name, County, and State of the tribunal which made the determination.

For each order considered in the controlling order determination, list in the **table in item 1** the County, State, Date of Order, IV-D Case Number, Tribunal Number (enter docket number, cause number, or other appropriate reference number), and Order Type (e.g., de novo support, modification, dissolution, contempt, paternity, etc.). Include any order issued or modified by this tribunal in the present action. If more than five orders were considered, list and number additional orders on an attached sheet and check the space below the table which says "Additional orders listed on attached sheet". Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase.

- In the blank in **item 2**, enter the number from the table (first column) of the order that was determined to be controlling for prospective support.
- Check the box in **item 3** if the tribunal issued a new controlling order upon determining that none of the existing orders is controlling for current support. Attach a certified copy of the new controlling order.
- In the blanks in **item 4**, enter the amount and frequency (e.g., week, month) of the current charging amount.
- In **item 5** check yes or no to indicate whether an arrears reconciliation was completed at the time of the determination of controlling order.
- If the tribunal reconciled arrears, in the blanks in **item 6**, enter the amount of arrears the tribunal calculated and the date as of which the amount is correct. Attach a certified copy of the arrears reconciliation order.

- In **item 7**, list the Entity Names and States to which you will be sending this notice. If you will be sending the notice to all the tribunals listed in the table under number 1, you may write "All tribunals issuing orders listed in table above". List additional entities on an attached sheet if necessary, and check the box indicating that there is an attached list. If you are sending a copy of the Notice to the obligor and/or obligee, check the appropriate box(es) labelled "Obligor"/"Obligee". NOTE that each notice you send must be accompanied by certified copies of the controlling order determination and any arrears reconciliation order.

The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 42 U.S.C. 651 et seq. and 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average under half an hour per response. The responses to this collection are mandatory in accordance with the above statute and regulation. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

LOCATE DATA SHEET - Use CSENet If Agreement Is In Place

Petitioner **IV-D Case:** TANF
 IV-E Foster Care
 Medicaid Only
Respondent Former Assistance
 Never Assistance
Non-IV-D Case:

To: (Central Registry or Agency Name and Address)

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Tribunal No. _____

Non Custodial Parent Information Custodial Parent Information Possibly Dangerous

Full Name (First, Mid, Last) _____ Social Security Number(s) _____

Alias Maiden Name Mother's Maiden or Father's Name _____ Current Spouse's Name (First, Mid, Last) _____

Date of Birth (or approximate year) _____ Place of Birth (City, State, County) _____ Driver's License Number/State _____

Sex	Race	Hair	Eyes	Height	Weight	Distinguishing Marks, Scars, Tattoos, Glasses, Etc.
-----	------	------	------	--------	--------	---

Last Known Address Residence Mailing _____ Confirmed Date _____

Telephone: () _____

Usual Occupation/Professional Licenses _____

Last Known Employer (Name, Full Address, Federal EIN) _____ Confirmed Date _____

Telephone: () _____

Other Information, Including Assets, Education, Police Record, Public Assistance History, Incarceration Facility/Address if using for service of process _____ Employment _____

Wage Qtr _____

Wage Year _____

Wage Amount _____

Attachments: Photograph Other Items, e.g., Fingerprints

_____ () _____
Date Initiating Contact Person (Print or Type) Phone Number and Extension

() _____
Fax Number E-mail

INSTRUCTIONS FOR LOCATE DATA SHEET

PURPOSE OF THE FORM: The Locate Data Sheet is used by a IV-D agency for requesting locate information (regarding either parent, employer, wages, assets) from another State. The requesting jurisdiction completes as much of the form as possible with the information it has.

In addition to the more common data elements specified on the Locate Data Sheet, space is provided to note other locate/asset information particular to the case. For example, information on wages, violence potential, military/veteran status, and relatives may prove useful in working a case.

USE CSENET IF AN AGREEMENT IS IN PLACE.

Quick Locate. The Locate Data Sheet is used to request "quick locate." You may send the request directly to the responding State's Parent Locator Service. "Quick locate" is useful if a State believes that a parent may be in one of several States, but is unsure of which State. If a State intends to use its long-arm jurisdiction to establish or enforce an order, it may choose to use "quick locate" to confirm the parent's location.

HEADING/CAPTION:

- Identify the petitioner and respondent in the appropriate spaces.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care; Medicaid only; former assistance, never assistance. TANF means the obligee's family receives IV-A cash or "Non IV-D case" payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- In the space marked "To:", list the name and address (street, city, State, and zip code) of the central registry or agency where you are sending the Locate Data Sheet.
- In the space marked "From:", list a contact person, agency name, address (street, city, State, zip code), phone number (including extension), fax number, and e-mail address.
- In the appropriate spaces, enter the Initiating jurisdiction's FIPS code, State, IV-D case number, and tribunal number. Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under tribunal number, you may enter the docket number, cause number, or any other appropriate reference number which the initiating tribunal or agency has assigned to the case.

BODY OF FORM:

- Check the appropriate box to indicate whether the locate information pertains to the "Non Custodial Parent" or "Custodial Parent". Check the box for "Possibly Dangerous" if the party may be dangerous.
- Provide as much information about the party as possible.
- For "Full Name", enter the party's complete name (First, Middle, Last).
- Provide "Social Security Number(s)", if known; this information is vital.
- Enter the party's "Alias", "Maiden Name", or "Mother's Maiden or Father's Name" if known and check the appropriate box to identify the type of name provided.

- Enter the party's "Current Spouse's Name", if known.
- Enter the party's date of birth or approximate year of birth if exact date is unknown.
- Enter the party's place of birth, if known.
- Enter the party's driver's license number and State of issuance, if known.
- Enter the party's sex as M or F.
- When listing a party's race, select from the following: 1) White (non-hispanic), 2) Black (non-hispanic), 3) Hispanic, 4) American Indian - Alaskan Native, or 5) Asian - Pacific Islander.
- Enter the party's hair and eye color and weight in pounds and height in feet and inches, if known.
- Enter the party's distinguishing marks, trying to be as specific as possible to aid in identification.
- For "Last Known Address" and "Last Known Employer" information, indicate if the information has been confirmed/verified by the initiating State agency. Indicate the date the information was confirmed. If the information has not been confirmed, provide last known information.
- Under "Usual Occupation/Professional Licenses", list any licenses you are aware of the party holding.
- Under "Other Information" list any additional information that may be useful in locating the party. Attach photograph or fingerprints if available. Under "Employment" list information obtained from the State agency (SESA). Indicate the quarter and year that the information was reported to the SESA as well as the wage amount. If the individual is incarcerated and service of process is being requested, provide the name and address of the facility.
- At the bottom of the form, provide a specific worker's name, a direct telephone number (with extension if necessary), fax number and e-mail address to expedite communication between jurisdictions.

The Paperwork Reduction Act of 1995

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AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

Petitioner IV-D Case: TANF
 IV-E Foster Care
 Medicaid Only
 Former Assistance
Respondent Never Assistance
Non-IV-D Case:

File Stamp

Responding IV-D Case No. _____ Initiating IV-D Case No. _____

Responding Tribunal No. _____ Initiating Tribunal No. _____

A Separate Affidavit Is Required for Each Child Needing Paternity Established.

SECTION I

I, _____, on oath, under penalty of perjury depose and allege:
 Name (First, Middle, Last)

1. I am the natural mother of the child named below:
 natural father
 other; explain in Section IV

Child's Full Legal Name (First, Middle, Last)	Child's Date of Birth (Month, Day, Year)	Place of Birth (City, County, State)
Date Mother Got Pregnant (Month, Year)	Full Term Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain)	Where Mother Got Pregnant (City, County, State)
		Mother's Maiden Name

2. The child was conceived as a result of sexual intercourse between _____ and me during the time stated above.
 Name (First, Middle, Last)

3. a. A man is named as the father on the child's birth certificate. Yes (Attach certified copy) No
 If Yes, the man's name and address are:
- b. A man was married to the natural mother, and the child's birth occurred within a year of the end of the marriage. Yes No
 If Yes, the man's name and address are: Date marriage ended _____
 (Month, Day, Year)
- c. A man signed an acknowledgment of paternity **before an acknowledgment became a legal finding of paternity under State law.** Yes (Attach certified copy) No
- d. A man acted as and presented himself to be the child's father. Yes No
 If Yes, the man's name and address are:
- e. Genetic tests were completed to determine the biological father of the child. If Yes, attach results. Yes No

SECTION II (TO BE COMPLETED BY MOTHER ONLY)

1. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived. Yes No.
(If Yes, complete the following).

- a. The name(s) and address(es) of the other man/men:

- b. The other man/men are biologically related to the man I am naming as the child's natural father.
 Yes No. If Yes, explain the biological relationship (e.g., brother, cousin, uncle, etc.)

- c. I do not believe the other man/men is/are the father because:

2. I was married at the time of this child's birth. Yes No. (If Yes, complete the following)

- a. Husband's name (first, middle, last) and last known address:

- b. Explain why the husband is not the father of this child and attach all appropriate documents, including divorce decree, blood test results and prior findings of nonpaternity, if any:

3. _____ is the father of this child. The following facts support my allegations of paternity:

Name (First, Middle, Last)

- a. We lived together. Yes No Dates: _____ To _____
Location _____
- b. I have told welfare officials that he is the father of this child. Yes No
- c. I told him that he was the father of the child. Yes No
- d. He is named as the father on the birth certificate. Yes No Certified Copy Attached
- e. He signed an acknowledgment of paternity **before an acknowledgment became a legal finding of paternity under State law.** Yes No Certified Copy Attached
- f. He admitted being the father of the child. Yes No
- g. He sent cards/letters regarding the pregnancy and/or about the child. Yes No Copies Attached
- h. He was present at the birth of the child. Yes No
- i. He visited the child at the hospital following birth. Yes No
- j. He offered to pay abortion expenses. Yes No
- k. He offered to pay medical expenses. Yes No
- l. He paid for birth related expenses. Yes No
- m. He claimed the child on tax returns. Yes No Don't Know
- n. He has provided food, clothing, gifts or financial support for the child. Yes No If Yes, explain in Section IV
- o. He lived with the child. Yes No If Yes, explain in Section IV
- p. He visited the child. Yes No If Yes, explain in Section IV
- q. The child resembles him. Photo attached Yes No If Yes, explain in Section IV
- r. There are witnesses to my relationship with him. Yes No
(If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

SECTION III (TO BE COMPLETED BY FATHER ONLY)

The following facts support my belief and statements that I am the father of this child:

- a. The mother and I lived together. Yes No Dates: _____ To _____
Location _____
 - b. The mother told me that I am the father of the child. Yes No
 - c. I am named as the father on the birth certificate. Yes No Certified Copy Attached
 - d. I signed an acknowledgment of paternity **before an acknowledgment became a legal finding of paternity under State law.** Yes No Certified Copy Attached
 - e. I was present at the birth of the child. Yes No
 - f. I visited the child at the hospital following birth. Yes No
 - g. I offered to pay abortion expenses. Yes No
 - h. I offered to pay medical expenses. Yes No
 - i. I paid for birth related expenses. Yes No
 - j. I claimed the child on tax returns. Yes No
 - k. I have provided food, clothing, gifts or financial support for the child. Yes No If Yes, explain in Section IV
 - l. I lived with the child. Yes No If Yes, explain in Section IV
 - m. I visited the child. Yes No If Yes, explain in Section IV
 - n. The child resembles me. Photo attached Yes No If Yes, explain in Section IV
 - o. There are witnesses to my relationship with the child's mother. Yes No
- (If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

SECTION IV -- OTHER PERTINENT INFORMATION (including detailed explanations for "Yes" responses in Section II or Section III above)

Continued On Attached Sheet(s), incorporated by reference.

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.

_____ Date _____ Signature _____

_____ Sworn to and Signed before me Notary Public/Official and Title
this Date, County and State _____

_____ Commission Expires _____

INSTRUCTIONS FOR AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

PURPOSE OF THE FORM: This affidavit supplements the Uniform Support Petition to summarize evidence to establish paternity. A separate Affidavit in Support of Establishing Paternity is required for each child needing paternity establishment. This is necessary since the circumstances surrounding conception and birth will differ unless the children are twins. Reminder: A putative father may petition for paternity establishment under UIFSA. All appropriate information for the Affidavit in Support of Establishing Paternity must be completed or furnished by the parent, properly signed by the parent, and notarized as required. A separate Affidavit is required for each allegation of paternity.

HEADING/CAPTION: [To be completed by the Child Support (IV-D) Worker]

- Identify the petitioner and respondent in the appropriate spaces.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D. TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- Under "Responding IV-D Case No." and "Responding Tribunal No.", enter appropriate case and tribunal numbers that the responding State uses to identify the case, if applicable and if known. Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number.
- Under "Initiating IV-D Case No." and "Initiating Tribunal No.", enter appropriate case and tribunal numbers which your IV-D agency or local tribunal has assigned to the case. Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number.

SECTION I: (Information to be completed or furnished by parent of the child)

Enter the full name (First, Middle, Last) of the parent or other individual completing the affidavit.

Item 1: Check whether you (the parent) are the natural mother or natural father of the child or, if other, explain your relationship in Section IV.

Enter the "Child's Full Legal Name", "Child's Date of Birth", and "Place of Birth".

"Date Mother Got Pregnant" - Enter the period of time when you believe the mother became pregnant (e.g., 4/89 or from 4/89 to 5/89). Be sure to include both the month (or months) and the year when providing date(s). Be as specific as possible.

"Full Term Pregnancy" - Check "Yes" or "No" to indicate whether or not the pregnancy lasted nine months. If no, explain (e.g., 6 months--child born premature).

"Where Mother Got Pregnant" - List the City, County, and State.

"Mother's Maiden Name" - Enter the mother's maiden name, if known.

Item 2: Enter the name of the child's other parent in the blank. This is the person with whom you (the parent completing the affidavit) had sexual intercourse which resulted in the child's conception.

Item 3: The information in item 3 is intended to identify whether there is a presumed or legal father under State law. State laws differ on whether and how a presumption of paternity is created.

Item 3a: Check "Yes" or "No" to indicate whether or not a man is named as the child's father on the child's birth certificate. If "Yes", attach a certified copy of the birth certificate and provide the man's name and address. The man may be the same man who is named as the father of the child in this affidavit, or he may be a different man. NOTE: Some responding States may only need a regular copy, rather than a certified copy of this document.

Item 3b: Check "Yes" or "No" to indicate whether or not a man was married to the child's natural mother **and** the child's birth occurred within a year of the end of the marriage. Include the date the marriage ended. If "Yes", provide the man's name and address. The man may be the same man who is named as the father of the child in this affidavit, or he may be a different man.

Item 3c: Check "Yes" or "No" to indicate whether a man signed an acknowledgment of paternity **before an acknowledgment became a legal finding of paternity under State law**. If "Yes", attach a certified copy of the acknowledgment. The man may be the same man who is named as the father of the child in this affidavit, or he may be a different man. NOTE: Some responding States may only need a regular copy, rather than a certified copy of this document.

Item 3d: Check "Yes" or "No" to indicate whether or not a man acted as and presented himself to be the child's father. If "Yes", provide the man's name and address. The man may be the same man who is named as the father of the child in this affidavit, or he may be a different man.

Item 3e: Check "Yes" or "No" to indicate whether or not genetic tests (e.g., blood tests) were completed to determine the biological father of the child. If "Yes", attach the test results.

SECTION II: (To be completed by Mother Only)

Item 1: Check "Yes" or "No" to indicate whether you (the mother) did or did not have sexual intercourse (sex) with another man or other men during the 30 days before or the 30 days after the child was conceived ("Date Mother Got Pregnant").

If you had sexual intercourse with another man or other men during this period (30 days before or 30 days after), complete items 1a through 1c.

Item 1a: Provide the name(s) and address(es) of the other man/men.

Item 1b: Check "Yes" or "No" to indicate whether the other man/men are biologically related to the alleged father. If "Yes", state the relationship (e.g., brother, cousin, etc). This may be relevant to genetic testing.

Item 1c: Explain why you do not believe the other man/men is/are the father of this child (e.g., prior exclusion by genetic testing).

Item 2: Check "Yes" or "No" to indicate whether or not you were married at the time of the child's birth. If "Yes", complete items 2a and 2b.

Item 2a: Provide the name and last known address of the man who was your husband at the time of the child's birth.

Item 2b: Explain why the husband is not the father. Attach appropriate documents.

Item 3: Be sure to enter the name of the father of this child. Check the appropriate answer for each statement (a - r) to support the allegations of paternity against the alleged father. Remember to attach any necessary, relevant documentation. This includes a certified copy of the birth certificate or the acknowledgment of paternity with the alleged father's name on it; and other documents if available (e.g., letters or cards from the alleged father regarding the pregnancy or the child). NOTE: some responding States may only need a regular copy, rather than a certified copy, of these documents.

SECTION III: (To be completed by Father Only)

Reminder: A putative father may petition for paternity establishment under UIFSA.

Check the appropriate answer for each statement (a - o). Remember to attach any necessary, relevant documentation. This includes a certified copy of the birth certificate or acknowledgment of paternity with your name as the child's father on it; and other documents if available (e.g., letters or cards from the mother regarding the pregnancy or the child). NOTE: some responding States may only need a regular copy of a birth certificate or paternity acknowledgment, rather than a certified copy.

SECTION IV: Provide any additional information not already covered which might be helpful in establishing paternity. One example would be the alleged father's attendance in a child birth class with the mother.

If you are the mother, provide details to "Yes" answers to item 3, statements l through r in Section II.

- (m) Describe any food, clothing, gifts, or financial support the alleged father has provided for the child.
- (n) Describe where and when the alleged father lived with the child.
- (o) Provide dates and circumstances of any visits between the alleged father and the child.
- (p) Describe any physical resemblance between the alleged father and the child. Attach photographs, if available.
- (q) Provide names and addresses of any witnesses to your relationship with the father. Consider friends and relatives who were aware of the parties' dating, ongoing relationship, or cohabitation during the period of conception.

If you are the father, provide details to "Yes" answers to statements j through o in Section III.

- (j) Describe any food, clothing, gifts, or financial support you provided for the child.
- (k) Describe where and when you lived with the child.
- (l) Provide dates and circumstances of any visits between you and the child.
- (m) Describe any physical resemblance between you and the child. Attach photographs, if available.
- (n) Provide names and addresses of any witnesses to your relationship with the child's mother. Consider friends and relatives who were aware of the parties' dating, ongoing relationship, or cohabitation during the period of conception.

- The affidavit in support of establishing paternity must be signed by the mother or father seeking to establish paternity.
- The signature requires a notary.

The Paperwork Reduction Act of 1995

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UNIFORM SUPPORT PETITION

Petitioner Name IV-D Case: TANF
 IV-E Foster Care
 Medicaid Only
 Former Assistance
Respondent Name Never Assistance
Non-IV-D Case:

File Stamp

Responding IV-D Case No. _____ Initiating IV-D Case No. _____

Responding Tribunal No. _____ Initiating Tribunal No. _____

I. Action

The Respondent and/or the Respondent's property is subject to the jurisdiction of the responding tribunal. The Respondent owes a duty of support to the following child(ren):

Full Legal Name (First, Middle, Last)	Date of Birth	Social Security No.
---------------------------------------	---------------	---------------------

The Petitioner files this Petition to request (check all that apply):

- Establishment of Paternity
- Establishment of Order for:
 - Current Child Support, Including Medical Support
 - Retroactive Child Support
 - Medical Support Only
 - Spousal Support
 - Costs and Fees
- Modification of a Support Order
- Determination of Controlling Order and Arrears Reconciliation
- Other Remedy Sought: _____

II. Grounds Supporting the Remedy Sought in Section I (when applicable)

- Respondent is the noncustodial parent of the child(ren) named in this Petition. Respondent has not provided support since: child's birth or _____ (date)
- A modification is appropriate due to a change in circumstances
- Existence of valid multiple orders
- Grounds for other remedy sought:

III. Additional Supporting Information

The following documents are attached to, and incorporated in, this Petition. These documents contain the required additional information.

- Petitioner's General Testimony Affidavit in Support of Establishing Paternity
- Acknowledgment of Paternity Birth Certificate of the Child
- Other: _____

IV. Verification

Under penalty of perjury, all information and facts stated in this Petition are true to the best of my knowledge and belief.

Date
 Signature of Petitioner IV-D Representative/Title

Sworn to and Signed Before
Me This Date, County/State
Notary Public, Court/Agency Official and Title

Commission Expires

Date
Signature of Petitioner's Attorney / Bar Number (if applicable)

INSTRUCTIONS FOR UNIFORM SUPPORT PETITION

PURPOSE OF THE FORM: The Uniform Support Petition is a legal pleading needed for the responding State to initiate action. Its purposes are to show how the tribunal has jurisdiction, to show enough facts to notify the respondent of the claim being made, and to provide the petitioner with a means to request specific action or relief. Additional information can be provided in the accompanying affidavits and other attachments.

HEADING/CAPTION:

- Identify the Petitioner and Respondent names in the appropriate spaces.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D. TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- Under "Responding IV-D Case No." and "Responding Tribunal No.", enter appropriate case and tribunal numbers that the responding State uses to identify the case, if applicable and if known. Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number.
- Under "Initiating IV-D Case No." and "Initiating Tribunal No.", enter appropriate case and tribunal numbers which your IV-D agency or local tribunal has assigned to the case. Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number.

SECTION I, ACTION: List the children on whose behalf the action in the petition is requested. Include each child's full legal name (First, Middle, Last), date of birth, and Social Security Number.

Check the appropriate boxes to indicate which actions are requested. Multiple actions may be requested, as appropriate.

- Check "Establishment of Paternity" to request that paternity be established. In a IV-D case, ask another State to establish paternity only if use of long-arm jurisdiction is not available or appropriate. Be sure to attach an "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.
- Check "Establishment of Order for" to request that an order be established. Indicate the type of order by checking the appropriate box.

Check "Current Child Support, Including Medical Support" to request the establishment of a new child support order. If an order governing the same obligor, obligee, and child(ren) already exists, you should generally request the establishment of a new order only if: (1) there is more than one existing order, (2) the obligor, obligee, and child have all moved out of the issuing State, and (3) the parties have not filed written consent allowing an issuing State to assert jurisdiction.

Check "Retroactive Child Support" if seeking support for a prior period. States may establish child support awards covering a prior period, but such awards must be based on guidelines and take into consideration either the current earnings and income at the time the order is set, or the obligor's earnings and income during the prior period. The award of back support is not required under Federal rules, but may be appropriate in accordance with State law. Not all States have authority to establish support orders for prior periods. The law of the order State governs the extent to which retroactive support is available. A medical support provision must be included in any new or modified order in a IV-D case.

Check "Medical Support Only" in a Medicaid case where a child support order does not exist and is not sought. If seeking to add medical support to an existing child support order, check the box for "Modification of a Support Order."

Check "Spousal Support" to request establishment of a spousal support order. Do not check this item in a IV-D case; establishment of spousal support is not a IV-D function. When requesting establishment of spousal support, contact the support enforcement agency for the appropriate procedure.

Check "Costs and Fees" to request an order for costs, such as costs of the delivery of the child and other medical costs not covered by insurance, or any fees. Provide testimony regarding the type and amount of these costs or fees.

- Check "Modification of a Support Order" to request modification of an existing order.

If you are requesting modification of an order that was issued by the responding State, in most instances you do not need to complete a Uniform Support Petition. On the other hand, if you are requesting modification of an order that was issued by a State other than the responding State, a Uniform Support Petition is usually necessary.

If multiple orders exist, do not ask the responding State to modify an order unless that order is the "controlling order" that has priority under UIFSA. UIFSA contains rules for determining which order is recognized when multiple orders exist.

- Check "Determination of Controlling Order and Arrears Reconciliation" if you are requesting this action.
- Check "Other Remedy Sought" if you are requesting an action not listed in section I. Specify in the space provided what remedy you are requesting.

SECTION II, GROUNDS FOR REMEDY SOUGHT:

- In those cases where the respondent is the noncustodial parent of the children named in the petition, check the first box in section II of the petition. If appropriate, indicate when support payments stopped by checking "child's birth" or by checking the second box and providing a date.
- Grounds (reasons) for remedy sought are required in actions to register an out-of-state child support order for modification. If you are using the petition to request a modification, check the second box under section II of the petition.
- Check "Existence of valid multiple orders" as grounds if a tribunal determination of controlling order or a reconciliation of arrears is sought.
- Grounds for remedy sought are also required when seeking a remedy that must be affirmatively sought under the responding State's law.

SECTION III, ADDITIONAL SUPPORTING INFORMATION:

- Check the appropriate boxes to indicate which documents are being sent with the petition. If you are sending forms with the petition that are not specifically identified in this section, mark the "Other" box and list the additional forms in the space provided.

SECTION IV, VERIFICATION:

- The petition must be verified by the petitioner. Check the box under this part and have the petitioner (obligee, guardian, putative father, or authorized IV-D representative) sign and date the form.
- The petitioner's signature always requires a notary whether or not the petitioner is represented by an attorney.
- UIFSA allows a party to retain independent counsel. If the petitioner is represented by a private attorney, obtain the attorney's signature and Bar Number (if applicable) in the space provided in this part.

The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 42 U.S.C. 651 et seq. and 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average under half an hour per response. The responses to this collection are mandatory in accordance with the above statute and regulation. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

REGISTRATION STATEMENT

Responding IV-D Case No. _____ Initiating IV-D Case No. _____

Responding Tribunal No. _____ Initiating Tribunal No. _____

Action: Register for Enforcement
 Register for Modification

I. Case Summary (Background of this Matter: Court / Administrative Actions)

Date of Support Order _____ State and County Issuing Order _____ Tribunal Case No. _____
Support Amount/Frequency _____ Date of Last Payment _____ Amount of Arrears _____ Period of Computation
\$ _____ \$ _____ thru _____
Date _____ Date _____
 Tribunal Has Determined This to Be Controlling Order Only Order

II. Mother Information Obligor Obligee
Full Name _____ Address (Street, City, State, Zip) _____ Employer (Name, Street, City, State, Zip) _____
(First, Middle, Last)

Aliases, Maiden Name _____

SSN: _____

III. Father Information Obligor Obligee
Full Name _____ Address (Street, City, State, Zip) _____ Employer (Name, Street, City, State, Zip) _____
(First, Middle, Last)

Aliases _____

SSN: _____

IV. Caretaker (If Not a Parent) Relationship to Child(ren) _____ Has legal custody/guardianship of child(ren)
Full Name _____ Address (Street, City, State, Zip) _____
(First, Middle, Last)

Aliases _____

SSN: _____

V. Additional Case Information

Nondisclosure Finding Attached

This order is registered in the following states:

Description and location of any property not exempt from execution:

Other: _____

VI. Verification / Certification

Under penalties of perjury, all information and facts concerning the arrearage accrued under this order are true to the best of my knowledge and belief.

Date

 Party Seeking Registration

 Records Custodian

Sworn to and Signed Before Me This
Date, County/State

Notary Public, Court/Agency Official and Title

Commission Expires

INSTRUCTIONS FOR REGISTRATION STATEMENT

PURPOSE OF THE FORM:

The Registration Statement is completed by the initiating jurisdiction to request registration of an existing order for enforcement and/or modification. The purpose of the form is to refer specific order information to the responding State. This form can be used in IV-D and non-IV-D interstate cases. It should be included with the other appropriate forms and directed to the responding State's central registry. In non-IV-D cases, contact the responding State central registry to determine appropriate procedures. It is important to remember that a separate Registration Statement is needed for each order that the initiating State is requesting be registered by the responding State.

HEADING/CAPTION:

The initiating jurisdiction adds its IV-D case and tribunal numbers to the heading, at the space available. The responding jurisdiction will add its IV-D case and Tribunal numbers to the heading after receiving the form from the initiating jurisdiction. Under initiating and responding "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase.

ACTION:

Check the appropriate box indicating whether you are registering this order for enforcement or modification. NOTE that registration for enforcement should be accompanied by Transmittal #1. Registration for modification should be accompanied by Transmittal #1, Uniform Support Petition, and General Testimony.

SECTION I, CASE SUMMARY

Provide complete information for all court/administrative actions regarding support for dependents. Use a separate Registration Statement form for each court/administrative order you are requesting be registered. For the listed order, under "Period of Computation", enter the month, day, and year for both the beginning of the current support obligation and the end date of the computation. The information in this section will be used to aid in verifying calculated arrearages and to assist in determining/verifying which order is controlling and which State has continuing exclusive jurisdiction. The arrears statement/payment history must support this calculation. If this order was determined by a tribunal to be the controlling order, check the appropriate box. If this is the only order, check "Only order".

Attach the required number of copies of all pertinent orders that relate to support. You will generally need to attach two copies, one of which is certified, of any support order. NOTE, however, that some responding States may be able to take certain administrative enforcement actions (e.g., interstate income withholding) without having a certified copy of the order, although a regular copy is necessary.

SECTION II, MOTHER INFORMATION:

This section provides basic information about the child(ren)'s mother. Check the appropriate box to indicate if the mother is the obligor or obligee. Provide the mother's full name (first, middle, last) as well as aliases and maiden name, and all other information. Provide the name and full address of the mother's employer. If the mother's name does not match with the court or administrative order, explain in Section V.

SECTION III, FATHER INFORMATION:

This section provides basic information about the child(ren)'s father. Check the appropriate box to indicate if the father is the obligor or obligee. Provide the father's full name (first, middle, last) as well as aliases, and all other information. Provide the name and full address of the father's employer. If the father's name does not match with the court or administrative order, explain in Section V.

SECTION IV, CARETAKER (IF NOT A PARENT):

Complete this section only if the child(ren)'s caretaker is not the child(ren)'s parent. In the space labelled "Relationship to Child(ren)", indicate the relationship of the caretaker to the child(ren). Provide the caretaker's full name (first, middle, last) as well as aliases or maiden name, and all other information. Indicate whether the caretaker has legal custody/guardianship of child(ren), if known.

SECTION V, ADDITIONAL CASE INFORMATION:

In this section, provide additional information which may be useful to the responding jurisdiction in working the case, such as a complete listing of all States where the child support order has previously been registered and a description, including the location, of all known property or assets not exempt from execution. In addition to the requested information, use this portion of the form to provide other information which may assist the responding jurisdiction in its efforts to register the order.

SECTION VI, VERIFICATION / CERTIFICATION:

- The Registration Statement may be signed by either the party seeking registration or an authorized IV-D representative/records custodian. Check the appropriate box to indicate who has signed this form.
- The verification signature requires a notary.

The Paperwork Reduction Act of 1995

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GENERAL TESTIMONY

Petitioner **IV-D Case:** TANF
 IV-E Foster Care
 Medicaid Only
 Former Assistance
 Never Assistance
Respondent **Non-IV-D Case:**

File Stamp

Responding IV-D Case No. _____ Initiating IV -D Case No. _____
 Responding Tribunal No. _____ Initiating Tribunal No. _____

Petitioner is: Obligee Caretaker Other than Parent
 Obligor Foster Care

Respondent is: Obligee Caretaker Other than Parent
 Obligor Foster Care

_____ being duly sworn, under penalties of perjury, testifies as follows:
 Name (First, Middle, Last)

I. Personal Information About Child(ren)'s Mother [] See Section X

A.1. Mother is: <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor	2. <input type="checkbox"/> Nondisclosure Finding Attached	
3. Full Name (First, Mid, Last) Nickname, alias, maiden name, former married name, etc.		
4. Home Address <input type="checkbox"/> Confirmed _____(date)	5. Social Security Number	6. Date of Birth
	7. Home Phone ()	8. Work Phone ()
9. Employer Name & Address <input type="checkbox"/> Confirmed _____(date)	10(a). Occupation, Trade or Profession	
	10(b). Highest Level Of Education Attained	
11. Estimated Gross Monthly Earnings \$	12. Other Monthly Income (& source) \$	
13. Real or Personal Property (type & location)		

B. Physical Description of Child(ren)'s Mother (Attach photo if available.)

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color
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C. Present Marital Status of Child(ren)'s Mother

1. <input type="checkbox"/> Married	2. <input type="checkbox"/> Single	3. <input type="checkbox"/> Living with Non-Marital Partner
4. <input type="checkbox"/> Divorced	5. <input type="checkbox"/> Legally Separated	6. <input type="checkbox"/> Separated 7. <input type="checkbox"/> Unknown

D. Information about Current Spouse or Partner of Child(ren)'s Mother

1. Name of Current Spouse or Partner (First, Mid, Last)	2. Is Current Spouse/Partner Employed? [] Yes [] No [] Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$

E. Is the child(ren)'s mother responsible for dependents other than those listed in Section V (pages 4 & 5)?

[] Yes [] No [] Unknown (If yes, provide information below.)

1.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
2.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
3.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:

II. Personal Information About Child(ren)'s Father

[] See Section X

A.1. Father is: [] Obligee [] Obligor	2. [] Nondisclosure Finding Attached	
3. Full Name (First, Mid, Last) Nickname, Alias		
4. Home Address [] Confirmed _____(date)	5. Social Security Number	6. Date of Birth
	7. Home Phone ()	8. Work Phone ()
9. Employer Name & Address [] Confirmed _____(date)	10(a). Occupation, Trade or Profession	
	10(b). Highest Level Of Education Attained	
11. Estimated Gross Monthly Earnings \$	12. Other Monthly Income (& source) \$	
13. Real or Personal Property (type & location)		

B. Physical Description of Child(ren)'s Father (Attach photo if available.)

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color
---------	-----------	-----------	---------------	--------------

GENERAL TESTIMONY, PAGE 3

Initiating IV-D Case No. _____

C. Present Marital Status of Child(ren)'s Father

1. <input type="checkbox"/> Married	2. <input type="checkbox"/> Single	3. <input type="checkbox"/> Living with Non-Marital Partner
4. <input type="checkbox"/> Divorced	5. <input type="checkbox"/> Legally Separated	6. <input type="checkbox"/> Separated
		7. <input type="checkbox"/> Unknown

D. Information about Current Spouse or Partner of Child(ren)'s Father

1. Name of Current Spouse or Partner (First, Mid, Last)	2. Is Current Spouse/Partner Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$

E. Is the child(ren)'s father responsible for dependents other than those listed in Section V (pages 4 & 5)?
 Yes No Unknown (If yes, provide information below.)

1.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
2.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
3.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:

III. Personal Information About Caretaker Other than Parent See Section X

1. Caretaker's Relation to Child is: <input type="checkbox"/> Has legal custody/guardianship of child	2. <input type="checkbox"/> Nondisclosure Finding Attached		
3. Full Name (First, Mid, Last) Nickname, alias, maiden name, former married name, etc.			
4. Home Address <input type="checkbox"/> Confirmed _____(date)	5. Social Security Number	6. Date of Birth	7. Sex
	8. Home Phone ()	9. Work Phone ()	
10. Employer Name & Address <input type="checkbox"/> Confirmed _____(date)	11(a). Occupation, Trade or Profession		
	11(b). Highest Level Of Education Attained		
12. Estimated Gross Monthly Earnings \$	13. Other Monthly Income (& source) \$		
14. Date Child(ren) Began Residing With Caretaker			

IV. Legal Relationship of Parents

[] See Section X

1. [] Never married to each other 2. [] Married on _____ in _____
Date County/State
3. [] Married by common law for the period _____ in _____
Dates County/State
4. [] Separated on _____ 5. [] Divorced on _____ in _____
Date Date County/State
6. [] Legally separated on _____ in _____
Date County/State
7. [] Divorce pending in _____ 8. [] Support Order Entered on _____
County/State Date
9. [] No support order 10. [] Other _____

11. Tribunal & Location (Divorce, Legal Separation, Support Order):

V. Dependent Child(ren) in this Action

[] See Section X

A. List obligor's (named on page 1 of this form) child(ren) only.

[] Nondisclosure Finding Attached

1. a. Full Legal Name (First, Mid, Last)		f. Paternity Established? [] Yes (check how) [] No [] By order [] By voluntary acknowledgment [] By adoption [] By conclusive marital presumption [] Other:
b. Address		
c. Social Security Number		g. Support Order Established? [] Yes [] No
d. Sex	e. Date of Birth	h. Living with Petitioner? [] Yes [] No

2. a. Full Legal Name (First, Mid, Last)		f. Paternity Established? [] Yes (check how) [] No [] By order [] By voluntary acknowledgment [] By adoption [] By conclusive marital presumption [] Other:
b. Address		
c. Social Security Number		g. Support Order Established? [] Yes [] No
d. Sex	e. Date of Birth	h. Living with Petitioner? [] Yes [] No

3. a. Full Legal Name (First, Mid, Last)		f. Paternity Established? [] Yes (check how) [] No [] By order [] By voluntary acknowledgment [] By adoption [] By conclusive marital presumption [] Other:
b. Address		
c. Social Security Number		g. Support Order Established? [] Yes [] No
d. Sex	e. Date of Birth	h. Living with Petitioner? [] Yes [] No

4. a. Full Legal Name (First, Mid, Last)		f. Paternity Established? <input type="checkbox"/> Yes (check how) <input type="checkbox"/> No <input type="checkbox"/> By order <input type="checkbox"/> By voluntary acknowledgment <input type="checkbox"/> By adoption <input type="checkbox"/> By conclusive marital presumption <input type="checkbox"/> Other:
b. Address		
c. Social Security Number		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. The child(ren) began residing in _____ on _____.

State Month/Year

VI. Medical Insurance

See Section X

- 1. Is obligor required by a child support order to provide medical insurance for the child(ren)? Yes No
- 2. Is obligor required by a child support order to provide medical insurance for the obligee? Yes No
- 3. Medical coverage for dependent child(ren) listed in Section V and/or the obligee is provided by:

	For dependent child(ren)	For obligee	
Obligee	<input type="checkbox"/>	<input type="checkbox"/>	Obligee's Insurance Company:
Obligor	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number:
State Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	Obligor's Insurance Company:
Obligee's Employer	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number:
Obligor's Employer	<input type="checkbox"/>	<input type="checkbox"/>	Other Insurance Company:
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number:
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	
No Coverage	<input type="checkbox"/>	<input type="checkbox"/>	

4. The monthly cost paid by the obligee for medical insurance for the obligor's child(ren) only is: \$ _____
 (If medical insurance is provided by the obligee or obligee's employer, skip to number 6).

5. Obligee can purchase needed medical insurance at a monthly cost of: \$ _____

6. Were the children ever covered by medical insurance provided by the obligor/obligee, or his/her current employer?
 Yes No Unknown

7. Do any of the obligor's children have special needs or extraordinary medical expenses not covered by insurance?
 Yes No

(If "Yes", please indicate the child involved and the type of special needs/extraordinary medical expenses and the related costs. Attach proof.)

8. Is the obligee asking to be reimbursed for medical coverage by obligor? Yes No Unknown

VII. Support Order and Payment Information

[] See Section X

1. Does a support order exist? (If "No", skip to page 7.) [] Yes [] No

2. Did child(ren) reside with the obligor at anytime during the period for which support is sought, except during periods of visitation specified by a tribunal's order? [] Yes [] No If "Yes", Identify Period of Residency:

From: _____ Thru: _____

3. If a modification is being requested, indicate the basis for the request below:
- [] The earnings of the obligor have substantially increased or decreased.
 - [] The earnings of the obligee have substantially increased or decreased.
 - [] The needs of a party or of the child(ren) have substantially increased or decreased.
 - [] Other, Explain _____

4. Describe all current support orders (include all pertinent orders and modifications). NOTE: if more than three (3) orders exist, attach complete description as below for each.

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ _____ as of _____ (date)		Total Arrears \$ _____ as of _____ (date)		
Tribunal's Name & Address _____				

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ _____ as of _____ (date)		Total Arrears \$ _____ as of _____ (date)		
Tribunal's Name & Address _____				

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ _____ as of _____ (date)		Total Arrears \$ _____ as of _____ (date)		
Tribunal's Name & Address _____				

5. Unpaid Medical Cost Reimbursement (attach documentation) \$ _____ as of _____ Date

6. Other Unpaid Costs and Fees \$ _____ as of _____ Date

Explain: _____

7. Direct Payments to Oblige: [] Affidavit from Oblige Attached [] No Direct Payments Received

8. Obligor's support payment history:
 [] Certified copy of tribunal/agency payment history is attached. (Skip to page 7). [] Payment history provided on page 6a. [] N.A.; responding State does not require. (Skip to page 7).

From (Year) to (Year):	Agency Which Prepared Audit/Payment History:
------------------------	--

Obligor's Payment History Adjudicated Arrears \$ _____ as of _____ Date of Order

Year: _____

	Amount Due	Amount Paid	Balance
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			
Total			

Year: _____

	Amount Due	Amount Paid	Balance
Total			

Year: _____

	Amount Due	Amount Paid	Balance
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			
Total			

Year: _____

	Amount Due	Amount Paid	Balance
Total			

Total of Adjudicated and Accrued Arrears \$ _____ as of _____

Date

Name/Title, Agency or Tribunal

Signature

Sworn to and Signed before me this Date, County, State

Notary Public Official and Title

Commission Expires

VIII. TANF / Foster Care/Medical Assistance Status

[] See Section X

[If no TANF/Foster Care/Medical Assistance benefits were paid, skip to Section IX.]

1. Period during which TANF/Foster Care was paid:

From: _____ / _____ To: _____ / _____ by: _____
First month year Last month year State

2. Total amount of TANF/Foster Care paid: \$ _____ as of _____
Date

3. Medical assistance related to prenatal, postnatal, or general expenses was paid in the amount of \$ _____
 by: _____
Agency or Person

IX. Financial Information

[] See Section X

Information required varies based on responding State's guidelines. Updates may be required.

A. Monthly Income from All Sources:

1. Is the petitioner employed? [] Yes; occupation: _____ [] No; income source: _____

2. Gross Monthly Income Amounts:	<u>Petitioner</u>	<u>Current Spouse/Partner</u>	<u>Obligor's Dependent(s)</u>
a) Public Assistance			
i) SSI	\$ _____	\$ _____	\$ _____
ii) Family Assistance	\$ _____	\$ _____	\$ _____
iii) Other	\$ _____	\$ _____	\$ _____
b) Base pay salary, wages	\$ _____	\$ _____	\$ _____
c) Overtime, commissions, tips, bonuses, parttime	\$ _____	\$ _____	\$ _____
d) Unemployment compensation	\$ _____	\$ _____	\$ _____
e) Worker's compensation	\$ _____	\$ _____	\$ _____
f) Social Security Disability	\$ _____	\$ _____	\$ _____
g) Social Security Retirement	\$ _____	\$ _____	\$ _____
h) Dividends and interest	\$ _____	\$ _____	\$ _____
i) Trust/Annuity Income	\$ _____	\$ _____	\$ _____
j) Pensions,retirement	\$ _____	\$ _____	\$ _____
k) Child support	\$ _____	\$ _____	\$ _____
l) Spousal support/alimony	\$ _____	\$ _____	\$ _____
m) All other sources	\$ _____	\$ _____	\$ _____

Explain "other sources": _____

3. Total Gross Monthly (lines "2a" through "2m") \$ _____ \$ _____ \$ _____

4. Deductions From Gross			
a) Federal Income Tax	\$ _____	\$ _____	\$ _____
b) State Income Tax	\$ _____	\$ _____	\$ _____
c) Local Tax	\$ _____	\$ _____	\$ _____
d) F.I.C.A.	\$ _____	\$ _____	\$ _____

	<u>Petitioner</u>	<u>Current Spouse/Partner</u>	<u>Obligor's Dependent(s)</u>
5. Adjusted Net Monthly (lines "3" minus lines "4a through 4d")	\$ _____	\$ _____	\$ _____
6. Other Deductions			
a) Savings	\$ _____	\$ _____	\$ _____
b) Loan Repayment	\$ _____	\$ _____	\$ _____
c) Mandatory Retirement	\$ _____	\$ _____	\$ _____
d) Non-mandatory Retirement	\$ _____	\$ _____	\$ _____
e) Medical Insurance	\$ _____	\$ _____	\$ _____
f) Union Dues	\$ _____	\$ _____	\$ _____
g) Other (specify)	\$ _____	\$ _____	\$ _____
7. Net Monthly Income (line 5 minus lines "6a through 6g")	\$ _____	\$ _____	\$ _____
8. Gross Income Prior Year	\$ _____	\$ _____	\$ _____

Attach three most recent paystubs from each current employer for all parties shown.

B. Monthly Expenses	<u>Petitioner</u>	<u>Obligor's Dependents</u>
1) Rent/Mortgage	\$ _____	\$ _____
2) Homeowners/Renters Insurance	\$ _____	\$ _____
3) Home Maintenance & Repair	\$ _____	\$ _____
4) Heat	\$ _____	\$ _____
5) Electricity/Gas	\$ _____	\$ _____
6) Telephone	\$ _____	\$ _____
7) Water/Sewer	\$ _____	\$ _____
8) Food	\$ _____	\$ _____
9) Laundry/Cleaning	\$ _____	\$ _____
10) Clothing	\$ _____	\$ _____
11) Life Insurance	\$ _____	\$ _____
12) Medical Insurance	\$ _____	\$ _____
13) Uninsured Extraordinary Medical (attach documentation)	\$ _____	\$ _____
14) Other Uninsured Health-Related Expenses	\$ _____	\$ _____
15) Auto Payment	\$ _____	\$ _____
16) Auto Insurance	\$ _____	\$ _____
17) Auto Expenses	\$ _____	\$ _____
18) Other Transportation	\$ _____	\$ _____
19) Child Care	\$ _____	\$ _____
Provider: _____		
Frequency _____ Per _____		
20) Support Payments, actual amount paid	\$ _____	\$ _____
21) Internet service	\$ _____	\$ _____
22) Other; Explain	\$ _____	\$ _____
Total Monthly Expenses (lines 1 through 22)	\$ _____	\$ _____

C. Assets:

1) Real Estate

_____ Address

_____ Owner(s)

_____ Title

\$ _____ Assessed Value minus \$ _____ Mortgage(s) = \$ _____

2) IRA, Keogh, Pension, Profit Sharing, Other Retirement Plans

_____ \$

Institution or Plan Name and Account No.

_____ \$

Institution or Plan Name and Account No.

3) Tax Deferred Annuity Plan(s)

\$ _____

4) Life Insurance: Present Cash Value

\$ _____

5) Savings & Checking Accounts, Money Market Accounts, & CDs

_____ \$

Institution Name and Account Number

_____ \$

Institution Name and Account Number

6) Automobiles/Vehicles

Make _____ Model _____ Year _____ \$ _____ Estimated Value minus \$ _____ Loan Balance = \$ _____

Make _____ Model _____ Year _____ \$ _____ Estimated Value minus \$ _____ Loan Balance = \$ _____

Make _____ Model _____ Year _____ \$ _____ Estimated Value minus \$ _____ Loan Balance = \$ _____

7) Other (e.g., Personal Property, Securities, etc). Describe: _____ \$ _____

Total Assets (lines 1 through 7) \$ _____

X. Other Pertinent Information

(Attach additional sheets if necessary).

XI. Verification

Attached are the required number of copies of all support orders for the case.

Also attached and incorporated by reference are:

Copy of the certified child support payment records.

Copies of three most recent paystubs from current employer.

Copies of bills for prenatal, postnatal and general health care of mother and child.

Assignment or subrogation of support rights.

"Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.

Copy of child(ren)'s birth certificate(s).

Acknowledgment of parentage.

Documentation of legal custody/guardianship of child(ren).

Documentation that children are in foster care.

Other: _____

All of the information and facts contained in this General Testimony are true and correct to my/our best knowledge and belief.

Date	Petitioner (Name/Title)	Signature
------	-------------------------	-----------

Date	Agency Representative (Name/Title)	Signature
------	------------------------------------	-----------

Sworn to and Signed Before me
This Date County/State

Notary Public, Tribunal/Agency
Official and Title

Commission Expires

INSTRUCTIONS FOR GENERAL TESTIMONY

PURPOSE OF THE FORM: The General Testimony provides a framework for stating the detailed information and evidence necessary to support the action requested in the petition. Its eleven sections may or may not apply to all cases. Before completing the form, carefully consider the status of the individual petitioner completing the testimony and his/her relationship to the respondent, the relief you plan to request in the petition, and other case characteristics to determine what information should be provided. (Note: all section headings contain a checkbox to be used when additional comments/remarks are desired or required. These comments/remarks should be placed in Section X.) As a general rule, requests for relief require completion of the following sections:

Section No.	Description	Case Type Requiring Completion
I	Personal Information About Child(ren)'s Mother	All
II	Personal Information About Child(ren)'s Father	All
III	Personal Information About Caretaker Other Than Parent	Cases where the caretaker is an individual other than the child(ren)'s parent
IV	Legal Relationship of Parents	All
V	Dependent Child(ren) in this Action	All
VI	Medical Insurance	All
VII	Support Order and Payment Information	All cases where an order for support has been entered
VIII	Obligor's Payment History	All cases where an order for support has been entered; however, a certified copy of the court or agency payment history may be attached in lieu of Page 6a
VIII	TANF/Foster Care/Medical Assistance Status	Cases where the obligee received TANF, Foster Care, or Medical Assistance benefits
IX	Financial Information	Establishment and modification cases, as required by States' guidelines
X	Other Pertinent Information	When needed (Note: all section headings contain a checkbox to be used when additional comments/remarks are desired or required.)
XI	Verification	All

HEADING/CAPTION:

Identify the petitioner and respondent in the appropriate spaces.

Check the appropriate space to identify the type of case: IV-D TANF; IV-E Foster care, Medicaid only, former assistance, never assistance or Non-IV-D.

IV-D TANF means the obligee is receiving IV-A cash payments [IV-A was formerly called Aid to Families with Dependent Children (AFDC) and is now called Temporary Assistance to Needy Families]. In exchange for receiving benefits, a person receiving public assistance agrees to assign his/her support rights or to turn over to the State the right to child support payments paid by the obligated parent.

IV-E Foster Care means the child is in IV-E foster care and the case has been referred to the State/local child support agency to obtain support from the parents.

Medicaid Only means that the obligee is not receiving public assistance (IV-A cash payments) but is receiving Medicaid. Medicaid is a federally-funded program that provides medical support for low income families. These cases can receive "Full Services" or "Medical Services Only".

Former Assistance means that the obligee received child support enforcement services while receiving IV-A cash payments but is no longer receiving these payments.

Never Assistance means that the obligee applied for child support enforcement services but has not received public assistance (IV-A cash payments).

Non IV-D means the case is a private case that is not being worked by the State or local child support enforcement or IV-D agency.

Under "Responding IV-D Case No." and "Responding Tribunal No.", enter appropriate case and tribunal numbers that the responding State uses to identify the case, if applicable and if known. Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number.

Under "Initiating IV-D Case No." and "Initiating Tribunal No.", enter appropriate case and tribunal numbers which your IV-D agency or local tribunal has assigned to the case. Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number.

Check the appropriate boxes to indicate whether the petitioner is the "Obligee", "Obligor", or "Caretaker Other than Parent", or whether this is a "Foster Care" case. Check the appropriate boxes for the Respondent as well.

Obligee is the individual or State agency who is owed or is alleged to be owed support. If an obligee receives TANF benefits, s/he assigns certain support rights to the State.

Obligor is the individual who owes or is alleged to owe support. This term includes alleged or putative fathers whose paternity of the child(ren) has not yet been established.

Caretaker Other than Parent is an individual who is custodian of the child(ren) but who is not the mother or father of the child(ren).

Foster Care indicates that the child is in foster care. In such cases, a State or political subdivision may seek support from both parents.

In the name-block immediately above section I, fill in the name (First, Middle, Last) of the individual providing the testimony and signing the form. In most cases this will be the individual obligee. However, it could also be an obligor seeking paternity establishment or modification of a support order, or an authorized child support worker if the form is completed with information from the file. Note that verification by an individual petitioner is required for information personally known to him/her, and that testimony is given under penalty of perjury.

SECTION I, PERSONAL INFORMATION ABOUT CHILD(REN)'S MOTHER: This section asks for information about the child(ren)'s mother. If the mother is the respondent in this action, this information will

be used to identify her, locate her, discover income and assets, begin the process of determining her ability to pay, and/or effect collection actions.

If the individual completing this form is not the child(ren)'s mother, the requested information may not be available. Provide as much information as possible.

Part A

Item 1: Indicate whether the child(ren)'s mother is the "Obligee" or "Obligor".

Item 2: Check this box if a nondisclosure finding pursuant to the Uniform Interstate Family Support Act (UIFSA) or an existing protective order excuses disclosure of the mother's address or other identifying information. Attach a copy of any nondisclosure finding. If a nondisclosure finding exists, do not enter the mother's address/identifying information on the form; you may enter a substitute address.

Item 3: Enter the mother's full name (First, Middle, Last) on the first line and nickname, alias, maiden name, or former maiden name on the second line.

Item 4: Enter the mother's home or residential address (Street, City, State, Zip Code). If this address has been confirmed/verified by the initiating State agency, check the box indicating that the information has been confirmed and the date it was confirmed. If the address cannot be confirmed, provide last known address.

Item 5: Enter the mother's Social Security Number.

Item 6: Enter the mother's date of birth (Month, Date, Year).

Item 7: Enter the mother's home phone number. Include the area code.

Item 8: Enter the mother's work phone number. Include the area code and any extension.

Item 9: Enter the name and address of the mother's employer. If this information has been confirmed/verified by the initiating State agency, check the box indicating that the information has been confirmed and the date it was confirmed. If the employer name and address cannot be confirmed, provide last known information.

Item 10(a): Enter the mother's occupation, trade, or profession.

Item 10(b): Enter the mother's highest attained level of education. If the mother is the obligor, the educational level can be used by some responding States to impute the income of an unemployed or underemployed obligor.

Item 11: Enter the dollar amount of the mother's estimated gross monthly earnings.

Item 12: Enter the dollar amount of the mother's monthly income **other than** earnings. Indicate the source of the income.

Item 13: List any real or personal property owned by the mother. Include type and location.

Part B: Physical Description of Child(ren)'s Mother

Items 1 - 5: Provide a physical description of the mother by listing her race, height, weight, hair color, and eye color. This information may be helpful in locating or serving the mother if she is the respondent in this

action. Optional: attach a recent photo if available. A photo may be useful if the mother is the respondent and identification or service of process is necessary.

When listing the mother's race, select from the following: 1) White (non-hispanic), 2) Black (non-hispanic), 3) Hispanic, 4) American Indian - Alaskan Native, or 5) Asian - Pacific Islander.

Part C: Present Marital Status of Child(ren)'s Mother

Items 1 - 7: Check the appropriate box(es) which describe the mother's present marital status. This information may be considered in determining the obligor's ability to pay or the obligee's need for support when a support order is established or modified. Check "single" only if the mother has never been married to anyone; if the mother has previously been married, check divorced, legally separated, or separated, as appropriate.

Part D: Information about Current Spouse or Partner of Child(ren)'s Mother. Complete part D only if the mother currently has a spouse or non-marital partner. Otherwise, enter "Not Applicable".

Item 1: Enter the name of the mother's current spouse or non-marital partner.

Item 2: Check the appropriate box to indicate whether the mother's current spouse/partner is employed.

Item 3: If the answer to item 2 is "Yes", enter the name and address of the spouse's/partner's employer.

Item 4: Enter the spouse's/partner's estimated gross monthly earnings.

Part E: Check the appropriate box to indicate whether the mother is responsible for dependents other than the child(ren) in this action (listed in Section V). If the answer is "yes", provide information about each dependent under **items 1 through 3**. If there are more than three dependents, provide information about the other dependents in Section X: Other Pertinent Information.

Item a: Enter the full name of the dependent (First, Middle, Last).

Item b: Enter the dependent's date of birth (Month, Date, Year).

Item c: Enter the dependent's relation to the child(ren)'s mother.

Item d: Indicate who the dependent is living with.

Item e: Enter the dependent's source of support or income.

Item f: Enter the monthly amount (both gross and net) of that support or income.

SECTION II, PERSONAL INFORMATION ABOUT CHILD(REN)'S FATHER This section asks for information about the child(ren)'s father. This includes an alleged father if paternity has not yet been established. If the father is the respondent in this action, this information will be used to identify him, locate him, discover income and assets, begin the process of determining his ability to pay, and/or effect collection actions.

If the individual completing this form is not the child(ren)'s father, that individual may not be able to provide all of the requested information. Provide as much information as possible.

Part A

Item 1: Indicate whether the child(ren)'s father is the "Obligee" or "Obligor".

Item 2: Check this box if a nondisclosure finding pursuant to the Uniform Interstate Family Support Act (UIFSA) or an existing protective order excuses disclosure of the father's address or other identifying information. Attach a copy of any nondisclosure finding. If a nondisclosure finding exists, do not enter the father's address/identifying information on the form; you may enter a substitute address.

Item 3: Enter the father's full name (Full, Middle, Last) on the first line and nickname or alias on the second line.

Item 4: Enter the father's home or residential address (Street, City, State, Zip Code). If this address has been confirmed/verified by the initiating State agency, check the box indicating that the information has been confirmed and the date it was confirmed. If the address cannot be confirmed, provide last known address.

Item 5: Enter the father's Social Security Number.

Item 6: Enter the father's date of birth (Month, Date, Year).

Item 7: Enter the father's home phone number. Include the area code.

Item 8: Enter the father's work phone number. Include the area code and any extension.

Item 9: Enter the name and address of the father's employer. If this information has been confirmed/verified by the initiating State agency, check the box indicating that the information has been confirmed and the date it was confirmed. If the employer name and address cannot be confirmed, provide last known information.

Item 10(a): Enter the father's occupation, trade, or profession.

Item 10(b): Enter the father's highest attained level of education. If the father is the obligor, the educational level can be used by some responding States to impute the income of an unemployed or underemployed obligor.

Item 11: Enter the dollar amount of the father's estimated gross monthly earnings.

Item 12: Enter the dollar amount of the father's monthly income **other than** earnings. Indicate the source of the income.

Item 13: List any real or personal property owned by the father. Include type and location.

Part B: Physical Description of Child(ren)'s Father

Items 1 - 5: Provide a physical description of the father by listing his race, height, weight, hair color, and eye color. This information may be helpful in locating or serving the father, if he is the respondent in this action. You may attach a recent photo if available. A photo may be useful if the father is the respondent and identification or service of process is necessary.

When listing the father's race, select from the following: 1) White (non-hispanic), 2) Black (non-hispanic), 3) Hispanic, 4) American Indian - Alaskan Native, or 5) Asian - Pacific Islander.

Part C: Present Marital Status of Child(ren)'s Father

Items 1 - 7: Check the appropriate box(es) which describe the father's present marital status. This information may be considered in determining the obligor's ability to pay or the obligee's need for support when a support order is established or modified.

Part D: Information about Current Spouse or Partner of Child(ren)'s Father. Complete part D only if the father currently has a spouse or non-marital partner. Otherwise, enter "Not Applicable".

Item 1: Enter the name of the father's current spouse or non-marital partner.

Item 2: Check the appropriate box to indicate whether the father's current spouse/partner is employed.

Item 3: If the answer to item 2 was "Yes", enter the name and address of the spouse's/partner's employer.

Item 4: Enter the spouse's/partner's estimated gross monthly earnings.

Part E: Check the appropriate box to indicate whether the father is responsible for dependents other than the child(ren) in this action (listed in Section V). If the answer is "yes", provide information about each dependent under **items 1 through 3**. If there are more than three dependents, provide information about the other dependents in Section X: Other Pertinent Information.

Item a: Enter the full name of the dependent (First, Middle, Last).

Item b: Enter the dependent's date of birth.

Item c: Enter the dependent's relation to the child(ren)'s father.

Item d: Indicate who the dependent is living with.

Item e: Enter the dependent's source of support or income.

Item f: Enter the monthly amount (both gross and net) of that support or income.

SECTION III, PERSONAL INFORMATION ABOUT CARETAKER OTHER THAN PARENT: Complete this section only if the child(ren)'s caretaker or custodian is not the child(ren)'s mother or father.

Item 1: Indicate the caretaker's relation to the child(ren). If the caretaker is a relative, indicate whether he/she is a maternal (mother's side of the family) or paternal (father's side of the family) relative. Examples include: "maternal grandmother" or "paternal cousin". Check the box if the caretaker has legal custody/guardianship of the child(ren).

Item 2: Check this box if a nondisclosure finding pursuant to the Uniform Interstate Family Support Act (UIFSA) or an existing protective order excuses disclosure of the caretaker's address or other identifying information. Attach a copy of any nondisclosure finding. If a nondisclosure finding exists, do not enter the caretaker's address/identifying information on the form; you may enter a substitute address.

Item 3: Enter the caretaker's full name (First, Middle, Last) on the first line and nickname, alias, maiden name or former married name on the second line.

Item 4: Enter the caretaker's home or residential address (Street, City, State, Zip Code). If this address has been confirmed/verified by the initiating State agency, check the box indicating that the information has been confirmed and the date it was confirmed. If the address cannot be confirmed, provide last known address.

Item 5: Enter the caretaker's Social Security Number.

Item 6: Enter the caretaker's date of birth (Month, Date, Year).

Item 7: Enter the caretaker's sex or gender: male or female.

Item 8: Enter the caretaker's home phone number. Include the area code.

Item 9: Enter the caretaker's work phone number. Include the area code and any extension.

Note: If the caretaker does not have a legal obligation to contribute to the child(ren)'s support, **items 10 through 14** concerning the caretaker's employment and income may be privileged.

Item 10: Enter the name and address of the caretaker's employer. If this information has been confirmed/verified by the initiating State agency, check the box indicating that the information has been confirmed and the date it was confirmed. If the employer name and address cannot be confirmed, provide last known information.

Item 11(a): Enter the caretaker's occupation, trade, or profession.

Item 11(b): Enter the caretaker's highest attained level of education. If the caretaker is the obligor, the educational level can be used by some responding States to impute the income of an unemployed or underemployed obligor.

Item 12: Enter the dollar amount of the caretaker's estimated gross monthly earnings.

Item 13: Enter the dollar amount of the caretaker's monthly income other than earnings. Indicate the source of the income.

Item 14: Enter the date the child(ren) began residing with the caretaker.

SECTION IV, LEGAL RELATIONSHIP OF PARENTS: Identify the legal relationship between the child(ren)'s mother and father. Check all appropriate boxes and enter the pertinent corresponding information.

Item 1: Check this box if the parents were never married to each other.

Item 2: Check this box if the parents were married to each other. Indicate the date (Month, Date, Year) and County/State of the marriage.

Item 3: Check this box if the parents were married by common law. Indicate the time period (dates) and the County/State of the common law marriage.

Item 4: Check this box if the parents are separated. Indicate the date (Month, Date, Year) of the separation.

Item 5: Check this box if the parents are divorced. Indicate the date (Month, Date, Year) and County/State of the finalized divorce.

Item 6: Check this box if the parents are legally separated. Indicate the date (Month, Day, Year) and County/State of the legal separation.

Item 7: Check this box if divorce proceedings are pending. Indicate the County/State of the proceedings.

Item 8: Check this box if a child support order has been entered. Indicate the date (Month, Date, Year) of the order.

Item 9: Check this box if no child support order has been entered.

Item 10: Check this box to indicate relationships not described by the options above. Describe the relationship on the line provided (e.g. mother and father lived together; mother and father had casual relationship; etc).

Item 11: List the name and location of the tribunal (court or agency) that entered any divorce decree, legal separation, or child support order.

Remember to attach the required number of copies of any existing support orders (including a divorce decree or separation agreement). You will generally need to attach a certified copy of any support order. Note, however, that some responding States may be able to take certain administrative enforcement actions without having a certified copy of the order, although a regular copy is still necessary.

SECTION V. DEPENDENT CHILD(REN) IN THIS ACTION: This information is used to identify child(ren) for whom paternity is to be established and/or for whom the establishment or enforcement of support or a modification thereof is sought.

Part A: List all the children for whom paternity is to be established or support is sought or due from the obligor listed on page 1 of this form. These should be the same children listed in section I of the Uniform Support Petition. List only those children of the particular obligor named in this action. Provide information about each child under **items 1 through 4**. If there are more than four children, provide information about the other children in Section X: Other Pertinent Information. If a child listed is over 18, indicate whether (s)he is enrolled in high school or college; some responding States may require a letter from the child's school for verification purposes.

Attach a separate "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.

Check the box "Nondisclosure Finding Attached" if a nondisclosure finding pursuant to the Uniform Interstate Family Support Act (UIFSA) or an existing protective order excuses disclosure of the child(ren)'s address or other identifying information. Attach a copy of any nondisclosure finding. If a nondisclosure finding exists, do not enter the child(ren)'s address or identifying information on the form.

Item a: Enter the child's full legal name (First, Middle, Last).

Item b: Enter the child's address (Street, City, State, Zip Code).

Item c: Enter the child's Social Security Number.

Item d: Enter the child's sex or gender: male or female.

Item e: Enter the child's date of birth (Month, Date, Year).

Item f: Check the appropriate box to indicate if the paternity of the child has been established or not. If "yes" is checked, check the appropriate box indicating how paternity was established, i.e., by order, voluntary acknowledgment, adoption, conclusive marital presumption, or other. If other is checked, explain on the line provided. Use Section X if more space is needed.

Item g: Check the appropriate box to indicate whether a child support order for the child has been established.

Item h: Check the appropriate box to indicate whether the child is living with the petitioner. In this instance, "petitioner" means the individual who is the moving party rather than a State child support agency that is bringing action.

Part B: Indicate the month and year when the child(ren) began residing in the State. If this information is not the same for all children, provide separate information for each child in Section X: Other Pertinent Information. If the child(ren) are older than six months of age and have resided in the State less than six months, provide information about the child(ren)'s previous States of residence (including length of residence) in Section X: Other Pertinent Information. Information about the child(ren)'s length of residence in the State is necessary under the Uniform Interstate Family Support Act (UIFSA) in order to determine which child support order should be prospectively enforced or modified if multiple orders exist.

SECTION VI, MEDICAL INSURANCE: This information is used to determine if medical coverage is currently provided for the dependents. If coverage is not provided, additional information in this section is a basis for adding medical coverage to new and existing orders. You should provide this information in all IV-D cases.

Item 1: Check the appropriate box to indicate whether the obligor is required by a child support order to provide medical insurance for the child(ren).

Item 2: Check the appropriate box to indicate whether the obligor is required by a child support order to provide medical insurance for the obligee.

Item 3: Check the appropriate boxes to indicate who provides medical coverage for the dependent child(ren) (listed in Section V) and obligee. The choices are: obligee, obligor, State Medicaid, obligee's employer, obligor's employer, and other. If you check "other", print the name of the person or entity that provides coverage (e.g., obligee's current spouse). Check "unknown" if you do not know who provides coverage. Check "no coverage" if the child(ren)/obligee do not have coverage.

In the appropriate spaces, enter the name and policy number of the obligee's insurance company, the obligor's insurance company, and any other relevant insurance company. If information about "Other Insurance Company" is provided, describe this company and its relation to the parties in Section X: Other Pertinent Information.

Item 4: Enter the monthly medical insurance cost paid by the obligee for the obligor's child(ren) only. Do not include the portion of the monthly cost of medical insurance for the obligee or children other than the obligor's. If the obligee is the individual petitioner in this action and is seeking reimbursement for these medical insurance costs, attach proof of payment.

Item 5: If medical insurance is provided by the obligee or the obligee's employer, do not answer this item; skip to item 6. Otherwise, enter the monthly cost to the obligee if he/she were to provide needed medical insurance. If the cost is unknown, enter "unknown". Some responding States may require you to enter a prorated amount per child.

Item 6: As a lead for possible third party coverage, check the appropriate box to indicate whether the obligor's children were ever covered by medical insurance provided through the obligor or obligee or his/her current employer. If you check "Yes", describe this coverage in Section X: Other Pertinent Information.

Item 7: Indicate whether any of the obligor's children have special needs or extraordinary medical expenses not covered by insurance. This includes special medical needs, medical equipment, counseling, special schooling, etc. If yes, indicate the child involved, the type of need/expenses, and the related costs. Attach proof, such as a doctor's statement. If special needs are indicated, explain in detail any agreements made to cover these costs including agreements that are verbal, written, or part of any court or administrative order.

Item 8: Indicate whether the obligee is asking to be reimbursed for medical coverage by the obligor.

SECTION VII, SUPPORT ORDER AND PAYMENT INFORMATION: This information is used to justify the court or administratively ordered current support and arrearage obligation to be claimed in the petition.

Item 1: Check the appropriate box to indicate whether a support order exists. If a support order does not exist, skip to Section VIII on page 7.

Item 2: Check the appropriate box to indicate whether the child(ren) resided with the obligor at anytime during the period for which support is sought, except during periods of visitation specified by a tribunal's order. If "yes", identify period of residency with the obligor by entering dates (Month, Date, Year) in the spaces labelled "From" and "Thru". If this information is not the same for all children, provide separate information for each child in Section X: Other Pertinent Information.

Item 3: Complete item 3 only if modification of a support order is requested; otherwise skip to item 4. Indicate the basis for requesting a modification by checking all appropriate boxes. If you check "other", explain in the blank and/or provide an explanation in Section X and check the "See Section X" checkbox next to the Heading on this page.)

Item 4: Enter information on court or administratively ordered support amounts. Include information on the relevant original order, modifications, and interstate orders under the Uniform Reciprocal Enforcement of Support Act (URESA) or the Uniform Interstate Family Support Act (UIFSA). If there are more than three pertinent orders, describe the remaining orders in Section X: Other Pertinent Information.

For each order, indicate:

- Date of Order: the date the order was issued or entered.
- Current Amount: the amount of periodic current support payments owed under the order. Specify the total amount for all children (listed in section V) even if the order designates a separate amount for each child.
- Per Month/Week/Etc: the frequency with which current support must be paid (per month, per week, etc).
- Toward Arrears: the amount of any periodic payment ordered to go toward arrears. Specify the total amount for all children (listed in section V) even if the order designates a separate amount for each child.
- Per Month/Week/Etc: the frequency with which the arrears payment must be paid.
- Unpaid Interest: the amount of any unpaid interest due, and the date as of which the amount is correct.

- Total Arrears: the total amount of arrears owed under that order, if any. Specify the total amount for all children (listed in section V) even if the order designates a separate amount for each child. Enter the date as of which the amount is correct.
- The name and address of the tribunal (court or agency) that entered the order.

Remember to attach the required number of copies of all pertinent orders that relate to support. You will generally need to attach a certified copy of any support order. Note, however, that some responding States may be able to take certain administrative enforcement actions without having a certified copy of the order, although a regular copy is still necessary.

Item 5: If the obligor owes reimbursement for prenatal, postnatal or general medical expenses paid by the obligee or State agency, indicate the total amount owed. Enter only the amount which the obligor has been ordered to pay. Enter the date as of which this amount is correct. Attach documentation.

Item 6: Enter the amount of unpaid costs and fees owed by the obligor. Enter the date as of which the amount was correct. Describe the costs/fees on the blank line.

Item 7: Check the appropriate box to indicate whether an affidavit from the obligee concerning direct payments is attached, or whether no direct payments were received by the obligee.

Item 8: Check one of three options for supplying the obligor's support payment history:

- Check the first box on the left to indicate that you will be providing a certified copy of your own court or agency's payment history (manual or computer generated) and skip to Section VIII on page 7. Provide any additional information (e.g., regarding interest, costs, fees) necessary to explain the payment history so that it can be correctly interpreted by the responding jurisdiction.
- Check the middle box to indicate that you will be completing the payment history provided on page 6a of the General Testimony.
- Check the last box on the right to indicate that you will not be providing a detailed arrears statement and skip to Section VIII on page 7. Note, however, to register an order under the Uniform Interstate Family Support Act (UIFSA), a sworn statement by the party seeking registration or a certified statement by the custodian of the records showing the amount of arrears is **required**.

Fill in the spaces at the bottom of section VII on page 6. Under "From (Year) to (Year)" indicate the years covered by the obligor's support payment history. Also enter the name of the "Agency which Prepared Audit/Payment History".

PAGE 6A: Complete this page if you checked the middle box in item 8, section VII, page 6. Enter the amount of adjudicated arrears in the line at the top of the page; indicate the date of the order that established the arrears amount. Enter "zero" if there are no adjudicated arrears.

The payment history tables on the rest of page 6a should show arrears that accrued since the date that arrears were adjudicated, or since the support order was entered if arrears have not been adjudicated. The beginning balance for the first year's table should be the amount of adjudicated arrears listed at the top of the page.

At the bottom of the page, enter the total amount of adjudicated and accrued arrears; indicate the date that the amount is correct. If the amount of adjudicated arrears was used as the beginning balance in the first

year's payment history table, the ending balance in the last year's payment history table should equal the amount of adjudicated and accrued arrears that is entered at the bottom of the page.

If continuation sheets are necessary, attach as needed. Each page of payment history should be certified or notarized according to the standard required by the State or local agency in preparing an interstate support pleading. The signature line can be signed either by a tribunal/agency representative or an individual, depending on State procedures. Some responding States may require a seal to be affixed if the records are provided by a tribunal or agency.

SECTION VIII. TANF/FOSTER CARE/MEDICAL ASSISTANCE STATUS: Complete this section only if:

- You are seeking support for a prior period and TANF/Foster Care benefits were paid, or
- You are seeking reimbursement for medical assistance costs.

Otherwise, skip to section IX, Financial Information.

Complete **items 1 and 2** only if you are seeking support for a prior period (i.e., if you are seeking "back support" or support for a period prior to the establishment of an order). The award of support for a prior period is not required under Federal law but may be appropriate in accordance with State law. Not all States have authority to establish support orders for prior periods. However, the period of time the family received TANF benefits may be a relevant factor in setting an award for a prior period; this section provides space for this information.

States may not, as a federally-reimbursable function, establish judgments solely for reimbursement of public assistance, or pursue enforcement of such judgments established after March 22, 1993. States must use guidelines as a rebuttable presumption, not the amount of unreimbursed public assistance, in establishing orders after October 13, 1989. States may establish child support awards covering a prior period, but such awards must be based on guidelines and take into consideration either the current earnings and income at the time the order is set, or the obligor's earnings and income during the prior period.

Item 1: If known, specify the period of time when TANF/Foster Care benefits were paid to the obligee's family, and the State which provided the assistance and had an assignment of support rights. Only consider public assistance paid to the obligee or the children in this action (listed in section V).

Item 2: If known, enter the total amount of TANF/Foster Care benefits paid, and the date as of which the amount was correct. Only include public assistance paid to the obligee or the children in this action (listed in section V).

Item 3: Complete item 3 only if you are seeking reimbursement for medical assistance related to prenatal, postnatal or general expenses. Enter the dollar amount of medical expenses for which you are seeking reimbursement. Enter the name of the agency or person who paid the medical expenses and is due reimbursement. Attach appropriate proof or documentation, such as receipts.

SECTION IX. FINANCIAL INFORMATION: This section is used to obtain the petitioner's financial information needed to apply guidelines to determine the appropriate amount of support.

Generally, you only need to complete this section if you are requesting establishment of an order or modification of an existing order, unless a responding State specifically asks for section IX to be completed to enforce an order. It is important to disclose all the information pertaining to income, expenses, and assets, as required by the responding State's guidelines. Failure to disclose information may seriously

affect the legal proceedings in the responding State and may unnecessarily delay the resolution of the support issue.

However, before completing all parts of Section IX IV-D agencies may wish to consult the Interstate Roster and Referral Guide or to contact the responding State to determine if all parts of Section IX are needed. Some responding States do not need all of the information in Section IX. IV-D agencies need to complete only those parts needed by the responding State.

Part A: Monthly Income From All Sources

Item 1: Check the appropriate box to indicate if the individual petitioner is employed. If "yes", list occupation. If "no", list income source.

Item 2: List the gross monthly income of the individual petitioner, the petitioner's current spouse/partner (if applicable), and the obligor's dependents who are in the petitioner's custody. If there are multiple dependents in the petitioner's custody, combine the income from all the dependents and enter the total in the third column. List each income source separately under the categories provided in item 2. Be sure to provide information regarding all earnings and income sources, including salaries, wages, commissions, fees, bonuses, tips, and public assistance. You should consider seasonal or intermittent income on an annual basis (total for the year divided by 12).

Item 2.a.: Enter the gross monthly amount of any public assistance received, including SSI, Family Assistance, and other. "Family Assistance" means IV-A cash payments [IV-A was formerly called Aid to Families with Dependent Children (AFDC) and is now called Temporary Assistance to Needy Families]. "Other" includes other types of cash public assistance.

Item 2.b.: Enter the gross monthly amount of base pay salary or wages.

Item 2.c.: Enter the gross monthly amount of overtime, commissions, tips, bonuses, parttime pay.

Item 2.d.: Enter the gross monthly amount of unemployment compensation received.

Item 2.e.: Enter the gross monthly amount of worker's compensation received.

Item 2.f.: Enter the gross monthly amount of Social Security Disability received.

Item 2.g.: Enter the gross monthly amount of Social Security Retirement received.

Item 2.h.: Enter the gross monthly amount of dividends and interest received.

Item 2.i.: Enter the gross monthly amount of trust/annuity income received.

Item 2.j.: Enter the gross monthly amount of pension or retirement income received.

Item 2.k.: Enter the gross monthly amount of any child support payments received.

Item 2.l.: Enter the gross monthly amount of any spousal support/alimony received.

Item 2.m.: Under "All other sources", be sure to include and describe monthly amounts for other income regularly received, such as self-employment income, regular in kind income, barter, or net income from rental property. If income is received on other than a monthly basis, annualize and divide by 12.

Item 3: Add all monthly income (lines 2a through 2m) and enter the total gross monthly income for the individual petitioner, petitioner's current spouse/partner (if applicable), and obligor's dependents who are in the petitioner's custody.

Item 4: On the appropriate lines, list deductions from gross income including Federal, State, and local income tax withholding and Social Security tax (FICA) withholding. List deductions for each party (the individual petitioner, petitioner's current spouse/partner, and obligor's dependents who are in the petitioner's custody).

Item 5: Subtract the deductions (lines 4a through 4d) from the total gross monthly income (line 3) and enter the difference on line 5 under "adjusted net monthly" income for each party.

Item 6: On the appropriate lines, enter other deductions for each party. Note that in some States these items are considered deductions while in other States they are considered expenses.

Item 6.a.: "Savings" means amounts that are withheld or paid directly from a party's income and deposited in a savings account or fund.

Item 6.b.: "Loan repayment" means amounts that are withheld or paid directly from a party's income to repay a loan.

Item 6.c.: "Mandatory Retirement" means amounts that are required by law to be withheld or paid directly from a party's income and deposited in a retirement account or fund. Enter amounts on this line only if the contributions are mandatory (i.e., required by law to be deducted).

Item 6.d.: "Non-mandatory Retirement" means amounts that are voluntarily withheld or paid directly from a party's income and deposited in a retirement account or fund. Enter amounts on this line only if the contributions are voluntary.

Item 6.e.: "Medical Insurance" means medical insurance premiums withheld or paid from a party's income.

Item 6.f.: "Union dues" means mandatory union dues that are withheld or paid directly from a party's income.

Item 6.g.: "Other" includes all other deductions, such as State unemployment insurance tax and disability insurance premiums, where applicable; and certain employment-related expenses that are deducted directly from income.

Item 7: Subtract the other deductions (lines 6a through 6g) from the adjusted net monthly income (line 5) and enter the difference on line 7 under "net monthly income" for each party.

Item 8: Enter each party's gross income for the prior year.

Attach the three most recent pay stubs from each current employer for all parties shown. Some responding States may require additional financial documentation as well; for example, the previous year's Federal and/or State income tax returns, W-2 forms, or Federal 1099 forms.

Part B: Monthly Expenses. On the appropriate lines, enter the monthly amount paid by the individual petitioner for the listed expenses. Generally, you should list expenses in the column labelled "Petitioner". However, if there are expenses that are directly attributable to a dependent of the obligor (e.g., uninsured

medical expenses for a child), list those expenses in the "Obligor's Dependent(s)" column. If you prorate or divide expenses between the "Petitioner" and "Obligor's Dependent(s)" column, explain how you divided the expenses. If there are multiple dependents in the petitioner's custody, combine the expenses for all the dependents and enter the total. If an expense is paid on other than on a monthly basis, annualize and divide by 12.

Item 1: Enter the monthly amount paid for rent or mortgage.

Item 2: Enter the monthly amount paid for homeowner's or renter's insurance.

Item 3: Enter the monthly amount paid for home maintenance and repairs.

Item 4: Enter the monthly amount paid for heat.

Item 5: Enter the monthly amount paid for electricity or gas.

Item 6: Enter the monthly amount paid for telephone.

Item 7: Enter the monthly amount paid for water/sewer.

Item 8: Enter the monthly amount paid for food.

Item 9: Enter the monthly amount paid for laundry, dry cleaning, and other cleaning.

Item 10: Enter the monthly amount paid for clothing purchase.

Item 11: Enter the monthly amount paid for life insurance.

Item 12: Enter the monthly amount paid for medical insurance.

Item 13: Enter the monthly amounts paid for special needs or extraordinary medical expenses not covered by insurance, and attach a description and documentation of the expenses and payments that are made (if not provided in adequate detail in Section VI on page 5 of the General Testimony).

Item 14: Enter the monthly amount paid for other health related expenses not covered by insurance, including: doctors, dentists, medications and drug store items, and such expenses as glasses, hearing aids, etc.

Item 15: Enter the monthly amount of auto payment.

Item 16: Enter the monthly amount paid for auto insurance.

Item 17: Enter the monthly amount paid for other auto expenses such as auto repairs or licenses.

Item 18: Enter the monthly amount paid for other transportation expenses, such as public transportation, bus, or subway.

Item 19: Specify the monthly amount paid for child care (work-related or otherwise), the provider, and the frequency child care is used (e.g., hours per week). Some responding States also require that you attach verification or proof of child care expenses, and some responding States need to know if the child care is work-related.

Item 20: Enter the monthly amount of any support payments actually made by the individual petitioner for child, spousal or family support.

Item 21: Enter the monthly amount paid for internet service.

Item 22: Under "Other", be sure to include and explain personal educational expenses; educational expenses for obligor's child(ren) including books, fees, supplies and tuition; garbage collection fees; cable television fees; contributions; dues; newspapers; entertainment; hobbies or sports.

Total Monthly Expenses: At the end of part B, add the totals of line 1 through line 22 and enter the total on the lines beside **Total Monthly Expenses** for both the individual petitioner and the obligor's dependents.

Part C: Assets. This section lists assets owned by the individual petitioner.

Item 1: Describe real estate owned by the individual petitioner by entering the address (including street, county, State and zip code), the owner(s) (including any co-owners other than the individual petitioner), and the title. In the appropriate spaces, enter the assessed value and the amount of any mortgage. Subtract the amount of the mortgage from the assessed value and enter the difference on the line on the right hand side of the page.

Item 2: List any IRA, Keogh, pension, profit sharing, or other retirement plan. Include the institution or plan name and account number, and the amount of funds.

Item 3: Enter the dollar amount under any tax deferred annuity plan.

Item 4: Enter the present cash value of any life insurance policy.

Item 5: List any savings account, checking account, money market account, certificate of deposit (CD). Include the institution name and account number and the amount of funds in the account. If additional space is needed, provide information in Section X.

Item 6: Describe any automobiles or other vehicles owned by the individual petitioner by entering the make, model, and year. In the appropriate spaces, enter the estimated value of the vehicle and the dollar amount of any loan balance due on the vehicle. Subtract the loan balance from the estimated value and enter the difference on the line on the right hand side of the page.

Item 7: Describe any other assets owned by the individual petitioner, such as personal property or securities. Enter the dollar value of the asset in the right hand column. If additional space is needed, provide information in Section X.

Total Assets: Add all the dollar amounts in the right hand column (for items 1 through 7 in part C) and enter the total on the line by **Total Assets**.

SECTION X, OTHER PERTINENT INFORMATION: Use this section to provide additional information or explanations. If it is related to a previous section, identify the section, part, and item number as appropriate.

SECTION XI, VERIFICATION: Attach the appropriate number of copies of any existing support order, and check the box indicating that the copies are attached. You will generally need to attach a certified copy of any support order. Note, however, that some responding States may be able to take certain administrative enforcement actions without having a certified copy of the order, although a regular copy is still necessary. Some States may also need copies of custody or change in custody orders, if relevant.

Check the other boxes to indicate any other items that are attached, including: a copy of the certified child support payment records; copies of the three most recent pay stubs from the current employer; copies of bills for prenatal, postnatal, or general health care of mother and child; assignment or subrogation of support rights; "Affidavit in Support of Establishing Paternity"; copy of child(ren)'s birth certificates; an acknowledgment of parentage; documentation of legal custody/guardianship of child(ren); documentation that child(ren) are in foster care; and any other attachments (such as copies of bills for parentage testing or the common law statute of the initiating State).

*"Affidavit in Support of Establishing Paternity" is a standard interstate form completed by the moving party [usually child(ren)'s mother or alleged father] who is seeking to establish the alleged father's paternity of the child(ren). The form provides evidence regarding the father's paternity. **In interstate cases, a separate form must be completed for each child whose paternity is at issue.***

Acknowledgment of Parentage is an affidavit or form signed by the alleged father (and usually the mother as well) voluntarily acknowledging the alleged father's paternity of the child(ren). These forms are used by hospital-based programs, State child support agencies, and other entities.

If the individual petitioner is indigent and unable to pay the costs of these proceedings, check the "Other" checkbox and provide an explanation on the line provided. Note that checking this box does not guarantee that the individual petitioner will be exempt from all costs and fees.

The person(s) providing the testimony -- the individual petitioner and/or agency representative -- should sign and date the testimony at the bottom of page 10. Some States require the individual petitioner's signature; check with the Interstate Roster and Referral Guide or the responding State to determine the responding State's requirements. The form contains space for a notary to authenticate the signatures.

The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 42 U.S.C. 651 et seq. and 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average under half an hour per response. The responses to this collection are mandatory in accordance with the above statute and regulation. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

Petitioner

- IV-D Case:** TANF
- IV-E Foster Care
- Medicaid Only
- Former Assistance
- Never Assistance

Respondent

Non-IV-D Case:

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Tribunal No. _____

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Tribunal No. _____

Send Payments To: (if different from above)

Payment FIPS Code _____ State _____

Bank Account _____ Routing Code _____

I. Action. The Responding Jurisdiction Should Provide All Appropriate Services Including: (Please Return the Acknowledgment Attached)

- 1. Establishment of Paternity
- 2. Establishment of Order for:
 - A. Current Child Support, Including Medical Support
 - B. Retroactive Child Support
 - C. Medical Support Only
 - D. Spousal Support
 - E. Costs and Fees (Use Sec. VII)
- 3. Enforcement of Responding Tribunal Order
- 4. Modification of Responding Tribunal Order
- 5. Change IV-D Payee of Responding Tribunal Order
- 6. Redirect Payment to Obligor State
- 7. Registration of Foreign Support Order(s):
 - A. For Enforcement Only
 - B. For Modification and Enforcement
 - C. For Modification Only
 - D. For Tribunal Determination of Controlling Order Including Arrears Reconciliation
- 8. Collection of Arrears Only
- 9. Income Withholding
- 10. Administrative Review for Federal Tax Refund Offset
- 11. Other _____

II. Case Summary (Background of this Matter: Court/Administrative Actions)

Date of Support Order	State & County or Tribe Issuing Order	Tribunal Case No.
Support Amount/Frequency \$	Date of Last Payment	Amount of Arrears \$
		Period of Computation _____ thru _____
<input type="checkbox"/> Tribunal Determined Controlling Order <input type="checkbox"/> Presumed Controlling Order		
Date of Support Order	State & County or Tribe Issuing Order	Tribunal Case No.
Support Amount/Frequency \$	Date of Last Payment	Amount of Arrears \$
		Period of Computation _____ thru _____
<input type="checkbox"/> Presumed Controlling Order		
Date of Support Order	State & County or Tribe Issuing Order	Tribunal Case No.
Support Amount/Frequency \$	Date of Last Payment	Amount of Arrears \$
		Period of Computation _____ thru _____
<input type="checkbox"/> Presumed Controlling Order		

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1- INITIAL REQUEST Initiating IV-D Case No. _____

III. Mother Information Obligor Obligee

Full Name (First, Middle, Last) Address (Street, City, State, Zip) Employer/Address (Name, Street, City, State, Zip)

Maiden Name, Alias, Former Married Name, Nickname, etc.

Home Phone () Address Confirmed _____ Employer Confirmed _____
Work Phone () Date Date
Date/Place of Birth _____ Social Security No. _____
Date Place

IV. Father Information Obligor Obligee

Full Name (First, Middle, Last) Address (Street, City, State, Zip) Employer/Address (Name, Street, City, State, Zip)

Alias, Nickname

Home Phone () Address Confirmed _____ Employer Confirmed _____
Work Phone () Date Date
Date/Place of Birth _____ Social Security No. _____
Date Place

V. Caretaker Relationship to Child(ren) _____

Full Name (First, Middle, Last) Has Legal Custody /Guardianship of Child(ren) (copy of order attached)
Address (Street, City, State, Zip) Employer/Address (Name, Street, City, State, Zip)

Maiden Name, Alias, Former Married Name, Nickname, etc.

Home Phone () Address Confirmed _____ Employer Confirmed _____
Work Phone () Date Date
Date/Place of Birth _____ Sex _____ Social Security No. _____
Date Place M/F

VI. Dependent Children Information

Full Legal Name (First, Middle, Last)	City, State, Date of Birth	Sex	Social Security No.	State of Residence

				for _____ months
Full Legal Name (First, Middle, Last)	City, State, Date of Birth	Sex	Social Security No.	State of Residence

				for _____ months

VII. Additional Case Information

Additional Case Information Attached Nondisclosure Finding Attached

VIII. Attachments (Supporting Documentation)

- Arrears Statement/Payment History Notice of Determination of Controlling Order
- Uniform Support Petition Support Order(s)
- General Testimony/Affidavit Divorce Decree
- Affidavit in Support of Establishing Paternity Assignment of Rights
- Acknowledgment of Parentage Description of Real/Personal Property
- Other Documents Relating to Paternity Photograph of Respondent
- Other Attachments

_____ _____ (_____) _____
Date Initiating Contact Person (Print or Type) Telephone Number & Extension

FAX: (_____) _____ E-mail _____

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

Petitioner IV-D Case: TANF
 IV-E Foster Care
 Medicaid Only
Respondent Former Assistance
 Never Assistance

File Stamp

To: (Agency Name and Address)

Non-IV-D Case:

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Tribunal No. _____

From (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Tribunal No. _____

ACKNOWLEDGMENTS

Return This Form to Initiating State

- Request Received and No Additional Information is Necessary
- Additional Information Needed
 - Arrears Statement/Payment History
 - Uniform Support Petition
 - General Testimony/Affidavit
 - Affidavit in Support of Establishing Paternity
 - Acknowledgment of Parentage
 - Other Documents Relating to Paternity
 - Support Order(s)
 - Divorce Decree
 - Assignment of Rights
 - Description of Real/Personal Property
 - Photograph of Respondent
 - Other (See Remarks)

Remarks/Response

Your Case has been Forwarded for Action to:

Name of Worker

Agency Name

Address, FIPS Code

Phone & Extension

Fax

Date

Person Completing Form (Print or Type)

(_____)_____
Telephone Number & Extension

FAX _____

E-mail _____

INSTRUCTIONS FOR CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

PURPOSE OF THE FORM: The CSE Transmittal #1-Initial Request form is a "cover letter" required to refer IV-D interstate cases to any responding State's central registry. The form can also be used in non-IV-D cases. It contains basic case information and space for indicating which services are requested. The form can be used to request administrative or legal action, including establishment of paternity and/or support obligation, modification, or enforcement. It does not take the place of, and therefore must be accompanied by, the appropriate standard interstate forms (e.g. Uniform Support Petition, General Testimony, etc.) and supporting documentation. A registration statement is needed for each order that the initiating State is requesting be registered by the responding State. Transmittal #1 may be sent electronically using the appropriate CSENet transaction.

HEADING/CAPTION (Pages 1 & 3): The initiating jurisdiction determines the heading. Note that the heading appears on both page 1 of the **Child Support Enforcement Transmittal #1** and on page 3, the **Acknowledgment** page.

- Identify the petitioner and respondent in the appropriate spaces.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D. TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- In the space marked "To:", list the name and address (street, city, State, and zip code) of the central registry, court, or agency where you are sending the CSE Transmittal #1. In IV-D cases, initial referrals must be sent to the responding State's central registry. In non-IV-D cases, contact the responding State central registry to determine appropriate procedures.
- In the appropriate spaces, if applicable and if known, enter the Responding jurisdiction's FIPS code, State, IV-D case number, and Tribunal number. The responding FIPS code is not essential for an initial IV-D referral since you will be sending the case to the responding central registry. Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the responding State may use to identify the case, if known.
- In the space marked "From:", list a contact person, agency name, address (street, city, State, zip code), phone number (including extension), fax number, and e-mail address.
- In the appropriate spaces, enter the Initiating jurisdiction's FIPS code, State, IV-D case number, and tribunal number. Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number which the initiating tribunal or agency has assigned to the case.
- In the space marked "Send Payments To:" enter the address to which payments should be sent, if the address is different from the agency address provided in the space labelled "From". Specify the case identifier if you want the responding jurisdiction to use an identifier other than the initiating IV-D case number when remitting payments.
- In the appropriate spaces, enter the FIPS code and State where payments should be sent.
- If funds can be transmitted electronically via Electronic Funds Transfer (EFT), enter the bank account number under "Bank Account" and the bank routing code under "Routing Code".

SECTION I (page 1), ACTION: Check the appropriate box(es) to indicate which actions are requested. Multiple actions may be requested, as appropriate.

In IV-D cases, the responding jurisdiction should provide the full range of appropriate services. For example, even if the initiating IV-D agency only checks box 1 "Establishment of Paternity", the responding jurisdiction should establish paternity, establish a support order, and enforce the support order.

- Check **item 1** "Establishment of Paternity" where paternity has not been determined. In a IV-D case, ask another State to establish paternity only if use of long-arm jurisdiction is not available or not appropriate. Be sure to attach an "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.
- Check **item 2** "Establishment of Order for" to request that an order be established. Indicate the type of order by checking the appropriate box.

Check **item 2A** "Current Child Support, including Medical Support" to request the initial establishment of a new child support order. If an order governing the same obligor, obligee, and child(ren) already exists, you should only request establishment of a new order if: (1) there is more than one existing order, (2) the obligor, obligee, and child have all moved out of the issuing States, and (3) the parties have **not** filed written consent allowing an issuing State to assert jurisdiction

Check **item 2B** "Retroactive Child Support" if seeking support for a prior period. States may establish child support awards covering a prior period, but such awards must be based on guidelines and take into consideration either the current earnings and income at the time the order is set or the obligor's earnings and income during the prior period. The award of back support is not required under Federal rules, but may be appropriate in accordance with State law. Not all States have authority to establish support orders for prior periods. Medical support must be requested in all IV-D establishment cases.

Check **item 2C** "Medical Support Only" in a Medicaid case where a child support order does not exist and is not sought. If seeking to add medical support to an existing child support order, check item 4, "Modification of Responding Tribunal Order."

Check **item 2D** "Spousal Support" to request establishment of a spousal support order. Do not check this item in a IV-D case; establishment of spousal support is not a IV-D function. When requesting establishment of spousal support, contact the support enforcement agency for the appropriate procedure.

Check **item 2E** "Costs and Fees" to request an order for costs and fees such as: costs of the delivery of the child, other medical costs not covered by insurance, genetic testing, and attorney's fees. Describe the costs in section VII "Additional Case Information".

- Check **item 3** "Enforcement of Responding Tribunal Order" to request enforcement of an existing order that was issued by the responding tribunal.

If multiple orders governing the same obligor, obligee, and child(ren) exist, do not ask the responding State to prospectively enforce (or modify) an order unless that order is the "controlling order" that has priority under UIFSA.

UIFSA contains rules for determining which order is recognized when multiple orders exist. Under these rules:

1. The order issued by a tribunal with continuing, exclusive jurisdiction (CEJ) has priority. An issuing tribunal retains CEJ as long as the issuing State remains the residence of the obligor, obligee, or child, or until all parties file written consent with the tribunal allowing another State to assume CEJ.

2. If more than one issuing tribunal would have CEJ, the order issued by the child's current home State has priority. "Child Home State" is the State where the child has lived for the prior consecutive 6 months before filing the UIFSA action or, if the child is under 6 months of age, since birth.
 3. If more than one tribunal would have CEJ but there is no order in the child's current home State, the most recently issued order has priority.
 4. If no tribunal would have CEJ, the responding State may issue a new support order and it becomes the controlling order.
- Check **item 4** "Modification of Responding Tribunal Order" to request modification (or review and adjustment) of an existing order that was issued by the responding tribunal.

Do not request the responding State to modify its own order if the obligor, obligee, and child(ren) have all moved out of that State, or if the parties have filed written consent with the issuing tribunal in that State allowing another State to modify the order.

If multiple orders exist, do not ask a responding State to modify an order unless that order is the "controlling order" that has priority under UIFSA. UIFSA contains rules for determining which order is recognized when multiple orders exist.

Generally, you need to attach a completed General Testimony.

- Check **item 5** "Change IV-D Payee of Responding Tribunal Order" to request a change of IV-D payee. Describe your request in Section VII "Additional Case Information". This is an administrative action used when the person or agency entitled to receive funds has changed. It may occur with a change in public assistance or foster care status or if there is a change in custody. In some States, court action, such as a modification, may be required if there is a change in custody or foster care status.
- **Item 6** "Redirect Payment to Obligee State" is an administrative action used when the custodian has moved. In some States a court action may be required if the custodian's move compels transfer of documents or funds to another jurisdiction.
- Check **item 7** "Registration of Foreign Support Order(s)" to request registration of one or more support orders. Orders from one State may be registered in another State. Also check **item 7A** "For Enforcement Only", **item 7B** "For Modification and Enforcement", or **item 7C** "For Modification Only". Check either item 7B or 7C if you are requesting review and adjustment of a foreign order. Check **item 7D** "For Tribunal Determination of Controlling Order Including Arrears Reconciliation" if you are requesting a determination of controlling order and an arrears reconciliation. Check the appropriate box to indicate whether registration is requested by the obligor, obligee, or state enforcement agency.

To modify another State's order, a responding State must first register the order. To enforce another State's order, a responding State may have to register the order; UIFSA allows for administrative enforcement without registration (but requires registration for other enforcement actions).

To request registration of an order you must include:

- A letter of transmittal to the tribunal requesting registration for enforcement and/or modification. The CSE Transmittal #1 serves this function. Check the appropriate boxes in item 7 of section I to indicate the action requested.

- Unless a controlling order determination has been made by a tribunal, a certified copy of **all** orders to be registered, including any modification of an order.
- A registration statement for each order that the initiating State is requesting to be registered by the responding State.
- A sworn statement by the party seeking registration or a certified statement by the custodian of records showing the amount of any arrearage. At State option, page 6a of the General Testimony may be used for this purpose. In section VIII "Attachments", check the first box ("Arrears Statement/Payment History") to indicate that a sworn statement of arrears is attached.
- The name of the obligor and, if known: the obligor's address and Social Security Number; the name and address of the obligor's employer and any other source of income of the obligor; and a description and the location of property of the obligor in the responding State not exempt from execution. Space for most of this information is provided on the CSE Transmittal #1. If you have information about the obligor's other sources of income or property, include the information in section VII or an attachment. In section VIII, check the box labelled "Description of Real/Personal Property" if a description is attached.
- The name and address of the obligee. Space for this information is provided on the CSE Transmittal #1.
- If applicable, the agency or person to whom support payments are to be remitted. Space for this information is included in the heading of the CSE Transmittal #1.

In addition, to allow the responding State to establish a IV-D case, you will probably need to complete all other information on the CSE Transmittal #1, particularly information regarding the children.

Furthermore, when requesting registration for modification, you generally need to attach a completed Uniform Support Petition and General Testimony.

Do not ask a responding State to modify another State's order unless:

- (1) the child(ren), individual obligee, and obligor do not live in the State that issued the order; (2) the party seeking modification does not live in the responding State; and (3) the responding State has personal jurisdiction over the party not requesting modification.

OR

- The responding State has personal jurisdiction over the obligor, individual obligee, or child(ren), and the obligor and obligee have filed written consent in the tribunal that issued the order providing that the responding State may modify the support order and assume continuing, exclusive jurisdiction over the order.

If multiple orders governing the same obligor, obligee, and child(ren) exist, do not ask a responding State to prospectively enforce or modify an order unless that order is the "controlling order" that has priority under UIFSA. UIFSA contains rules for determining which order is recognized when multiple orders exist.

Generally, the CSE Transmittal #1 is used to send initial case referrals and the CSE Transmittal #2 is used to send/request additional information or action after the initial referral.

However, since the CSE Transmittal #2 does not contain the necessary information needed to request registration of a foreign order, you may use the CSE Transmittal #1 to request registration even in a case that has previously been referred to the responding jurisdiction. If you are requesting registration in a case that has previously been referred to the responding jurisdiction, you may send the request directly to the responding entity working the case rather than to the responding central registry.

- Check **item 8** "Collection of Arrears Only" to request collection of arrears only. You should request enforcement of arrears under all known orders.
- Check **item 9** "Income Withholding" to request interstate income withholding.
- Check **item 10** "Administrative Review for Federal Tax Offset" to request an administrative review in the responding State if a Federal income tax refund offset has been challenged.
- Check **item 11** "Other" if you are requesting a service other than those listed, such as a lien or levy or an administrative remedy, such as license revocation. Describe the service on the blank line.

SECTION II (page 1), CASE SUMMARY: If you know that a tribunal has already determined the controlling order, only enter information about the controlling order and check "Tribunal-Determined Controlling Order". Otherwise, where multiple orders exist, provide complete information for all court/administrative actions regarding support for dependents. If there are more than three orders, use additional page(s) or Section VII. For "Period of Computation", enter the month, day, and year for both the beginning and ending dates. The information in this section will be used to aid in verifying calculated arrearages or reconciling arrears under multiple order and to assist in determining/verifying which order is controlling and which State has continuing exclusive jurisdiction.

If you believe a particular order is controlling but there is no tribunal-determined controlling order, check the box beside "Presumed Controlling Order"; otherwise leave the box blank.

Under UIFSA, a State that issues a child support order maintains CEJ as long as the obligor, individual obligee, or child(ren) reside in that State, or until each party files written consent in that State allowing another State to assume CEJ. If there are multiple orders governing the same obligor, obligee, and child(ren), UIFSA contains rules for determining which order is controlling. The tribunal that issued the controlling order has CEJ as long as the conditions for CEJ are met. CEJ means the authority to modify the order.

Attach the required number of copies of all pertinent orders that relate to support. You will generally need to attach a certified copy of any support order. Note, however, that some responding States may be able to take certain administrative enforcement actions without having a certified copy of the order, although a regular copy is necessary.

SECTION III (page 2), MOTHER INFORMATION: This section provides basic information about the child(ren)'s mother. Check the appropriate box to indicate if the mother is the obligor or obligee. Provide the mother's full name (first, middle, last), as well as aliases, maiden name or other names used, and all other information. List additional information (e.g., phone number changes, relatives' phone numbers, multiple employers or assets) in section VII. In cases where the mother is the respondent, the information can be used for location purposes if necessary. If the mother's address has been confirmed or verified, check the "Address Confirmed" box and indicate the date the address was confirmed. If the employer/employer's address has been confirmed or verified, check the "Employer Confirmed" box and indicate the date the information was confirmed. Verified, current information expedites processing of any child support case. However, if information cannot be verified, provide last known information.

SECTION IV (page 2), FATHER INFORMATION: This section provides basic information about the child(ren)'s father. In a case where paternity has not been established, use this section to provide information about the alleged father. Check the appropriate box to indicate if the father is the obligor or obligee. Provide the father's full name (first, middle, last) as well as aliases and nicknames, and all other information. List additional information (i.e., phone number changes, relatives' phone numbers, multiple employers or assets) in section VII. In cases where the father is the respondent, the information can be used for location purposes if necessary. If the father's address has been confirmed or verified, check the "Address Confirmed" box and indicate the date the address was confirmed. If the employer/employer's address has been confirmed or verified, check the "Employer Confirmed" box and indicate the date the information was confirmed. Verified, current information expedites processing of any child support case. However, if information cannot be verified, provide last known information.

SECTION V (page 2), CARETAKER: Complete this section only if the child(ren)'s caretaker is not the child(ren)'s parent. In the space labelled "Relationship to Child(ren)", indicate the relationship of the caretaker to the child(ren). Check box "Has Legal Custody/Guardianship of Child(ren) (copy of order attached)", if the caretaker has legal custody or guardianship. Provide the caretaker's full name (first, middle, last) as well as aliases, maiden name or other names used, and all other information. Note: if the caretaker does not have a legal obligation to contribute to a child's support, information regarding the caretaker's employment may be privileged.

SECTION VI (page 2), DEPENDENT CHILDREN INFORMATION: List all children for whom support is owed or being sought. For each child, provide full legal name (first, middle, last), city, State and date of birth, sex, Social Security Number. Add the child's State of Residence and how many months the child has lived there. If additional space is needed, use section VII.

SECTION VII (page 2), ADDITIONAL CASE INFORMATION: In this section, provide additional information which may be useful to the responding jurisdiction in working the case, such as pending action, amounts reported to credit bureaus, or prior attempts of long-arm action. If additional space is needed, attach page(s).

If there is an order preventing disclosure of a party's or child's address/identifying information, check the box for "Nondisclosure Finding Attached" and attach a copy of the finding. In accordance with the finding, do not provide the address/identifying information; you may provide a substitute address. A nondisclosure finding means a finding that the health, safety, or liberty of a party or child would be unreasonably put at risk by disclosure of identifying information (e.g., residential address). UIFSA provides that interstate petitions must include certain identifying information regarding the parties and child(ren) unless a tribunal (court or agency) makes a nondisclosure finding by ordering that the address or identifying information not be disclosed. The procedures for obtaining a nondisclosure finding vary from State to State.

If a State has reason to believe that information should not be released because of safety concerns, please note it in item VII and ensure the petition requests a nondisclosure finding under section 312 of UIFSA.

SECTION VIII (page 2), ATTACHMENTS: Check the appropriate box(es) to indicate all documents attached. For attachments other than those listed, check "Other Attachments" and explain in section VII.

Attach the required number of copies of all pertinent orders that relate to support. You will generally need to attach a certified copy of any support order. Note, however, that some responding States may be able to take certain administrative enforcement actions without having a certified copy of the order, although a regular copy is necessary. You may include a copy of that State statute if assignment is by operation of law.

At the bottom of page 2, provide a specific worker's name, a direct telephone number (with extension if necessary), fax number and e-mail address to expedite communications between jurisdictions.

PAGE 3, ACKNOWLEDGMENT: The initiating State should always include the "acknowledgment of receipt" page with Transmittal #1. The initiating State completes the Heading/Caption on the acknowledgment page. The rest of the acknowledgment should be completed by the responding State and returned to the initiating State. An automated acknowledgment may be sent through CSENet.

The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 42 U.S.C. 651 et seq. and 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average under half an hour per response. The responses to this collection are mandatory in accordance with the above statute and regulation. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

Petitioner Name, SSN IV-D Case: [] TANF
[] IV-E Foster Care
[] Medicaid Only
Respondent Name, SSN [] Former Assistance
[] Never Assistance
Non-IV-D Case: []

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Tribunal No. _____

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Tribunal No. _____

Responding FIPS Code _____ State _____

Bank Account _____ Routing Code _____

Send Payments To: (if different from above)

I. Action

- | | |
|----------------------------------|--|
| 1. [] Status Request | 7. [] Notice of Arrearage Reconciliation/Determination of Sum-Certain |
| 2. [] Status Update | 8. [] Change IV-D Payee of Responding Tribunal Order |
| 3. [] Notice of Hearing | 9. [] Redirect Payment to Oblige State |
| 4. [] Notice of Case Forwarding | 10. [] Other: |
| 5. [] Document Filed | |
| 6. [] Order Issued/Confirmed | |

Please Return the Acknowledgment Attached

II. Additional Information

[] Nondisclosure Finding Attached

_____ Date _____ Initiating Contact Person (Print or Type) _____ (_____) Phone Number & Extension _____

Fax: (_____) _____ E-Mail _____

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

Petitioner Name, SSN

- IV-D Case:** TANF
 IV-E Foster Care
 Medicaid Only
 Former Assistance
 Never Assistance
- Non-IV-D Case:**

Respondent Name, SSN

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Tribunal No. _____

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Tribunal No. _____

Send Payments To: (if different from above)

Payment FIPS Code _____ State _____

Bank Account _____ Routing Code _____

ACKNOWLEDGMENTS

Return This Form to Initiating State

- Request Received and No Additional Information is Necessary
 Additional Information Needed (See Remarks)
 Remarks/Response

Your Case has been Forwarded for Action to:

Name of Worker _____

Agency Name _____

Address, FIPS Code _____

Phone, Extension & Fax _____

Person Completing Form (Print or Type)

Telephone Number & Extension

Date

FAX: _____

E-mail _____

INSTRUCTIONS FOR CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

PURPOSE OF THE FORM: This transmittal form is for use by either the initiating or responding jurisdiction for requesting or providing additional information or services in previously-referred cases. The CSE Transmittal #2 should not be used for making initial referrals, but should only be used for subsequent requests and communication. This form need not be sent when the Notice of Controlling Order form is sent. The CSE Transmittal #2 should be sent to the local entity working the case (rather than the State's central registry) unless the local entity working the case is unknown. Transmittal #2 may be sent electronically using the appropriate CSENet transaction.

HEADING/CAPTION (Pages 1 & 2): The jurisdiction which sends the CSE Transmittal #2 determines the heading. Note that the heading appears on both page 1 of the **Child Support Enforcement Transmittal #2** and on page 2, the **Acknowledgment** page.

- Identify the petitioner and respondent name and Social Security number in the appropriate spaces.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D. TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- In the space marked "To:", list the name and address (street, city, State, and zip code) of the court or agency where you are sending the CSE Transmittal #2. Once an initial referral in a IV-D case has been made to the responding State's central registry (using CSE Transmittal #1), subsequent communication can occur with the local agency/court/jurisdiction that is actually working the case (using CSE Transmittal #2).
- In the appropriate spaces, if applicable and if known, enter the Responding jurisdiction's FIPS code, State, IV-D case number, and Tribunal number. Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the responding State may use to identify the case, if known. The Responding jurisdiction is the jurisdiction that is working the case at the request of the initiating jurisdiction.
- In the space marked "From:", list a contact person, agency name, address (street, city, State, zip code), phone number (including extension), fax number, and e-mail address.
- In the appropriate spaces, enter the Initiating jurisdiction's FIPS code, State, and IV-D case number, and tribunal number. Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number which the initiating tribunal or agency has assigned to the case. The initiating jurisdiction is the jurisdiction that referred the case to the responding jurisdiction for services.
- In the space marked "Send Payments To:" enter the address to which payments should be sent, if the address is different from the agency address provided on the form in the space above.
- In the appropriate spaces, enter the FIPS code and State where payments should be sent.
- If funds can be transmitted electronically via Electronic Funds Transfer (EFT), enter the bank account number under "Bank Account" and the bank routing code under "Routing Code".

SECTION I (page 1), ACTION: Check the appropriate box(es) to indicate which actions are requested or what information is being provided. Multiple boxes may be checked, as appropriate.

- Check **item 1** "Status Request" if you are asking for a status update. Describe the request in Section II.
- Check **item 2** "Status Update" if you are providing a status update. Provide the update in Section II.
- Check **item 3** "Notice of Hearing" if you are providing notice of an upcoming hearing. Provide dates and other information in Section II.
- Check **item 4** "Notice of Case Forwarding" if you are providing notice that you have forwarded a misdirected case to the appropriate jurisdiction. Explain in Section II.
- Check **item 5** "Document Filed" if you are providing notice that a document has been filed. Explain in Section II.
- Check **item 6** "Order Issued/Confirmed" if you are providing notice that an order has been issued or confirmed. Attach a copy of the order. If using CSENet, mail or fax as separate item.
- Check **item 7** "Notice of Arrearage Reconciliation/Determination of Sum-Certain" if you are providing notice of an arrearage reconciliation or determination of sum-certain. Attach any calculations or worksheets used. If using CSENet, mail or fax as separate item.
- Check **item 8** "Change IV-D Payee of Responding Tribunal Order" to request a change of payee in a IV-D case. Describe your request in Section II "Additional Information". This is an administrative action used when the person or agency entitled to receive funds has changed. It may occur with a change in Public Assistance or Foster Care status or with a change in custody. In some States, court action, such as a modification, may be required if there is a change in custody or foster care status.
- Check **item 9** "Redirect Payment to Obligee State" when the custodian has moved. This is an administrative action, but in some States a court action may be required if the custodian's move compels transfer of documents or funds to another jurisdiction.
- Check **item 10** "Other" if you are requesting a service or providing information other than the types listed. This would include a new nondisclosure finding by the tribunal in either the initiating or the responding State. Describe the service or information in Section II.
- Check the box beside "Please Return the Acknowledgment Attached" if an acknowledgment is needed. This is used only if requesting information or action.

SECTION II (page 1), ADDITIONAL INFORMATION: In this section, provide additional information which may be useful.

If there is an order preventing disclosure of a party's or child's address/identifying information, check the box for "Nondisclosure Finding Attached" and attach a copy of the finding. You do not need to resend a finding that was sent before. Note in Section II that the finding has already been sent. In accordance with the finding, do not provide the address/identifying information; you may provide a substitute address. A nondisclosure finding means a finding that the health, safety, or liberty of a party or child would be unreasonably put at risk by disclosure of identifying information (e.g., residential address).

UIFSA provides that interstate petitions must include certain identifying information regarding the parties and child(ren) unless a tribunal (court or agency) makes a nondisclosure finding by ordering that the address or identifying information not be disclosed. The procedures for obtaining a nondisclosure finding vary from State to State.

At the bottom of page 1, provide a specific worker's name, a direct telephone number (with extension if necessary), fax number and e-mail address to expedite communications between jurisdictions.

PAGE 2, ACKNOWLEDGMENT: When a jurisdiction sends a Transmittal #2 to another jurisdiction, it should include the acknowledgment only if the jurisdiction is **requesting** information or action. The sending State completes the Heading/Caption on this page. If the jurisdiction is sending the Transmittal #2 to **provide** notice or information, the acknowledgment is not needed.

Upon receiving a request for action or information on a Transmittal #2, the receiving State completes the rest of the acknowledgment. The acknowledgment can be used to provide any information requested on the Transmittal #2 or to indicate when (how many days or on what date) the requested information will be provided. The jurisdiction sending the acknowledgment must indicate where the case has been referred for action, and the name, telephone, fax number and e-mail address of a contact person.

The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 42 U.S.C. 651 et seq. and 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average under half an hour per response. The responses to this collection are mandatory in accordance with the above statute and regulation. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 - REQUEST FOR ASSISTANCE/DISCOVERY

Petitioner Name, SSN

IV-D Case: TANF
 IV-E Foster Care
 Medicaid Only
 Former Assistance
 Never Assistance

Respondent Name, SSN, Verified Address

Non-IV-D Case:

File Stamp

Children's Legal Names

To: (Agency/Tribunal Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Tribunal No. _____

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Tribunal No. _____

Response Needed by _____(Date)

I. Action

1. Provide/Obtain Copies of Documentation
 Certified Copies of Orders Financial Statement
 Payment Records Other _____
2. Provide Assistance with Service of Process (See Attached)
3. Provide Assistance with Genetic Testing (See Section II and/or Attached)
4. Obtain Answers for Interrogatories (See Attached)
5. Provide Assistance with Teleconference for Hearing or Deposition (See Attached)
6. Obtain Financial Data/Proof of Respondent's Income (See Section II and/or Attached)
7. Obtain Party Signature on Attached Form (See Attached)
8. Provide Assistance with a Lien
9. File a Notice of Determination of Controlling Order with An Order-Issuing Tribunal (See Attached)
10. Other: _____

Please Return the Acknowledgment Attached

II. Additional Information

Nondisclosure Finding Attached Verified Address of Employer:

_____ (_____) _____
Date Initiating Contact Person (Print or Type) Telephone Number & Extension
Fax: (_____) _____ E-mail: _____

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 - REQUEST FOR ASSISTANCE/DISCOVERY

Petitioner Name, SSN

IV-D Case: [] TANF

[] IV-E Foster Care

[] Medicaid Only

[] Former Assistance

[] Never Assistance

Respondent Name, SSN, Verified Address

Non-IV-D Case: []

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Tribunal No. _____

From (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Tribunal No. _____

ACKNOWLEDGMENTS To be Completed by Responding Agency and Returned to Initiating Agency

- [] Request Received and No Additional Information is Necessary
- [] Additional Information Needed (See Remarks)
- [] Remarks/Response

[] Your Case has been Forwarded for Action to:

Name of Worker _____

Agency Name _____

Address, FIPS Code _____

Phone & Extension _____

Fax _____

_____ () _____
 Date Person Completing Form (Print or Type) Telephone Number & Extension

Fax: () _____ E-mail: _____

INSTRUCTIONS FOR CHILD SUPPORT TRANSMITTAL #3 - REQUEST FOR ASSISTANCE/DISCOVERY

PURPOSE OF THE FORM: The CSE Transmittal #3-Request for Assistance/Discovery is designed for use when the requesting jurisdiction is working its case locally (e.g., by long-arm jurisdiction) and needs limited assistance from another jurisdiction, but does not want the other jurisdiction to open a IV-D case. Sections 316 and 318 of the model version of UIFSA contain specific provisions that allow a tribunal to receive evidence from another State and to obtain discovery through a tribunal of another State. The form may be sent electronically using the appropriate CSENet transaction.

When a jurisdiction receives a CSE Transmittal #3-Request for Assistance/Discovery from another jurisdiction, it should not open a IV-D case; it should only provide the limited assistance requested. By contrast, the CSE Transmittal #1-Initial Request is designed for use when the initiating State is requesting the responding State to open a IV-D case.

HEADING/CAPTION (Pages 1 & 2): The jurisdiction requesting assistance/discovery determines the heading. Note that the heading appears on both page 1 of the **Child Support Enforcement Transmittal #3** and on page 2, the **Acknowledgment** page.

- Identify the petitioner and respondent name and Social Security number in the appropriate spaces. The jurisdiction requesting assistance/discovery should include a **verified** address for the respondent, if necessary for responding to the request, or if known.
- Enter the children's legal names to assist the responding State in discussing the request with the noncustodial parent.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D. TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- In the space marked "To:", list the name and address (street, city, State, and zip code) of the agency or court where you are sending the CSE Transmittal #3.
- In the appropriate spaces, if applicable and if known, enter the Responding jurisdiction's FIPS code, State, IV-D case number, and tribunal number. Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the responding State may use to identify the case, if known. The "responding" jurisdiction is the jurisdiction that receives the request for assistance.
- In the space marked "From:", list a contact person, agency name, address (street, city, State, zip code), phone number (including extension), fax number, and e-mail address.
- In the appropriate spaces, enter the Initiating jurisdiction's FIPS code, State, IV-D case number, and tribunal number. Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number which the initiating tribunal or agency has assigned to the case. The "initiating" jurisdiction is the jurisdiction that is requesting assistance.
- In the space marked "Response Needed by" enter the date by which a response is needed.

SECTION I, ACTION: Check the appropriate box(es) to indicate which actions are requested. Multiple actions may be requested, as appropriate.

- Check **item 1** "Provide/Obtain Copies of Documentation" to request copies of documentation. Check appropriate box(es) to indicate the type of documentation: certified copies of orders, payment records, financial statement, or other (describe on blank line). In Section II "Additional Information", describe your request and provide background information necessary to identify the requested documents.
- Check **item 2** "Provide Assistance with Service of Process" if you are requesting assistance with service of process. You may directly contact (via phone, fax, or other means) the sheriff, or other appropriate official, in another jurisdiction to request personal service of process. Send the Request for Assistance/Discovery only if such attempts have been unsuccessful. Attach such documentation as necessary for service of process.
- Check **item 3** "Provide Assistance with Genetic Testing" if you are requesting assistance with genetic testing. Include in section II or attach any necessary information or materials, including names of genetic testing laboratories, protocols to be followed, testing kits, etc.
- Check **item 4** "Obtain Answers for Interrogatories" if you are requesting completion of interrogatories. Attach the interrogatories.
- Check **item 5** "Provide Assistance with Teleconference for Hearing or Deposition" if you are requesting assistance in scheduling a teleconference for a hearing or deposition. Attach copy of hearing notice or deposition.
- Check **item 6** "Obtain Financial Data/Proof of Respondent's Income" if you are requesting financial data or proof of the respondent's income. Explain your request in Section II or an attachment.
- Check **item 7** "Obtain Party Signature on Attached Form" if you are requesting assistance in obtaining a signature. Attach forms which require signatures. Request assistance with obtaining a signature only after you have attempted and failed to obtain the signature yourself.
- Check **item 8** "Provide Assistance with a Lien" if you are requesting help with a lien/levy action. Prior to using Transmittal #3 for this purpose, contact the assisting State and provide all additional information and documents needed. If the assisting State requires "full" case information or documentation, use Transmittal #1 instead.
- Check **item 9** "File a Notice of Determination of Controlling Order with An Order-Issuing Tribunal" if the requesting State issued an order that contributed to a determination process. Attach a copy of the Notice of Determination of Controlling Order and a certified copy of the determination itself and any arrears reconciliation order.
- Check **item 10** "Other" if the reason you are requesting assistance or discovery is not listed above. On the blank line, indicate the assistance needed; be as specific as possible.

If you are requesting only "quick locate", do not use this form. Instead, use the Locate Data Sheet, or CSENet if you are using an electronic format.

If you are requesting that the tribunal in the other State compel a person over whom it has jurisdiction to respond to a discovery order issued by a tribunal of another State (in accordance with section 318 of the model version of UIFSA), attach certified copies of the discovery order.

SECTION II, ADDITIONAL INFORMATION: In a narrative format, indicate any other information that will be useful in processing your request. Provide any necessary identifying information and background information about why the request is being made, including: (1) information on the nature of the pending action (e.g., paternity, support, modification, enforcement, etc.) and (2) the reason assistance from the other jurisdiction is needed. If you have a verified employer address, include it in Section II.

If there is an order preventing disclosure of a party's or child's address/identifying information, check the box for "Nondisclosure Finding Attached" and attach a copy of the finding. In accordance with the finding, do not provide the address/identifying information; you may provide a substitute address. A nondisclosure finding means a finding that the health, safety, or liberty of a party or child would be unreasonably put at risk by disclosure of identifying information (e.g., residential address). UIFSA provides that interstate petitions must include certain identifying information regarding the parties and child(ren) unless a tribunal (court or agency) makes a nondisclosure finding by ordering that the address or identifying information not be disclosed. The procedures for obtaining a nondisclosure finding vary from State to State.

At the bottom of page 1, provide a specific worker's name, a direct telephone number (with extension if necessary) fax number and e-mail address to expedite communications between jurisdictions.

PAGE 2, ACKNOWLEDGMENT: The jurisdiction requesting assistance/discovery completes the Heading/Caption on this page. Upon receiving a request for assistance on a Transmittal #3, the receiving State completes the rest of the acknowledgment. The acknowledgment can be used to provide information in response to a request received via the Transmittal #3, or to indicate when (how many days or on what date) the requested information/action will be provided. The jurisdiction sending the acknowledgment should indicate where the case has been referred for action, and the name, telephone, fax number and e-mail address of a contact person.

The Paperwork Reduction Act of 1995

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MISCELLANEOUS FORMS

**DISTRICT COURT MANUAL
FORMS VOLUME**

Using This Form

This form is completed by district court clerks for remit fees to circuit courts. The form lists supporting documentation that should be attached and sent to the circuit court with the transmittal sheet. The circuit court will complete Data Element Nos. 9 and 10 and send the district court notification of receipt. The district court retains the copy of the transmittal sheet signed by the circuit court indicating receipt.

CIRCUIT COURT CASE TRANSMITTAL AND FEES REMITTANCE SHEET

(FOR CLERK'S OFFICE USE)

To the **1** Circuit Court
CITY OR COUNTY

2 { From the General District Court
..... Juvenile and Domestic Relations District Court (Adult Case)

3 { District Court Case Nos.
.....

Remittance Date: **4**

A. CASE TYPE AND DOCUMENTATION (Check Appropriate Items)

- 5** { Civil Appeal
 Criminal Appeal
 Traffic Appeal
Attached Papers:
 Original Case Papers
 Appeal Notice
 Appeal Bond

 Felony Case – Certified to Circuit Court

B. CASE ACCOUNTING INFORMATION
CIRCUIT COURT INFORMATION

Rev Code 049	Writ Tax – Civil	\$	}
Rev Code 106	Technology Trust Fund Fee	.....
Rev Code 123	Legal Aid Services Fee	.....
Rev Code 147	Indigent Assistance	.....
Rev Code 170	Courts Technology Fund	.....
Rev Code 206	Sheriff's Fees	.....
Rev Code 219	Law Library	.....
Rev Code 229	CHMF Fees	.....
Rev Code 244	Courthouse Security Fund	.....
Rev Code 249	Certified Mail	.....
Rev Code 304	Filing Fee – Civil	.....
Rev Code 502	Bonds – Criminal & Traffic	.....
Rev Code 503	Bonds – Civil	.....
Rev Code ... 7..	..... 7 .....	..... 7

Total Remittance \$ **8**

Received and Filed: **9**

Original to Circuit Court
Copy back to District Court after receipt by Circuit Court.

..... **10**

CIRCUIT COURT CLERK/DEPUTY CLERK

Data Elements

1. Name of circuit court.
2. Indicate specific court type.
3. Insert district court case number(s).
4. Enter remittance date.
5. Check appropriate boxes for case type and type of attached documentation.
6. Identify the fees remitted and insert amount in the space provided.
7. Enter other fees, costs, etc., not listed above and insert remittance amount.
8. Enter total remittance amount.
9. Date transmittal form received by circuit court.
10. Signature of circuit court clerk or deputy clerk.

Using This Form

1. Copies – Master form – make photocopies as necessary.
Original to defendant.
2. Prepared by clerk.
4. Preparation Details:
 - a. This form is used only when a defendant pays a fine and costs or enters into an installment agreement after an Abstract of Conviction has been sent electronically or mailed by the court to DMV which shows that the license of the defendant was suspended under Virginia Code § 46.2-395 for failure to pay fine and costs. All other terminations of suspension by the court should be reported on the ABSTRACT OF CONVICTION, form DI-18c or the Abstract from a Virginia Uniform Summons. Most often defendants receive the automated DC-30 generated from PCR (personal computer register) for payment in full or installment agreement.
 - b. This form is to be prepared and delivered or mailed to the defendant. *Do not* mail a copy to DMV.
 - c. List separately each charge, offense date and trial date for such charge for which payment has been received or license restored on this form.
 - d. The defendant should be reminded that manual DC-30 or automated PCR DC-30 must be taken to DMV in order that the defendant may obtain the removal of the license suspension on DMV's records and that he will have to pay a reinstatement fee and comply with other DMV requirements (if any).
 - e. Do not use this form to correct an erroneous report of failure to pay fine and costs. Instead, report such error on the ABSTRACT OF CONVICTION, form DI-18c.

COMMONWEALTH OF VIRGINIA

DRIVER'S LICENSE REINSTATEMENT FORM

- General District Court
- Juvenile and Domestic Relations District Court
- Circuit Court

1

CITY OR COUNTY

TO THE DIVISION OF MOTOR VEHICLES:

2

The below named defendant has paid the fines and costs in full entered into an installment or deferred payment plan for the offense(s) listed below.

Full name of Defendant:

3

LAST NAME

FIRST NAME

MIDDLE INITIAL

Driver's License No.:

4

Date of Birth:

5

	OFFENSE	OFFENSE DATE	TRIAL DATE	DATE PAID OR OF LICENSE RESTORATION
1.	6	7	8	9
2.				
3.				
4.				
5.				
	10			11
	DATE			FULL SIGNATURE OF CLERK/DEPUTY CLERK

INSTRUCTIONS: Present this form to the nearest Virginia DMV office in order to have your driving privilege reinstated, subject to any other applicable suspensions or revocations. To have your license reinstated, you must go to DMV, comply with all DMV regulations, and provide proof that you are legally present in the United States. For additional information see www.dmvnow.com.

Data Elements

1. Enter name of court and indicate which court by checking appropriate box.
2. Check the appropriate box to indicate whether the person has paid in full or entered into an installment agreement.
3. Enter full name of defendant.
4. Enter defendant's operator's license number.
5. Enter defendant's date of birth.
6. List the offense. If more than one, list each offense on a separate line.
7. Enter offense date.
8. Enter trial date.
9. Enter date payment is received by court or the date of entry into an installment agreement.
10. Date form was signed by the clerk or deputy clerk.
11. *Full* signature of clerk/deputy clerk.

Using This Form

1. Copies
 - a. White and Goldenrod--to OES by clerk.
 - b. Pink--court copy to be kept with cases papers. If there are multiple cases, copies will need to be made to be kept with each set of case papers.
 - c. Canary--to vendor after clerk's certificate of allowance processing.
 - d. Green--vendor retains upon submission to clerk.
2. Prepared by vendor, signed by judge, processed by clerk and sent to OES for processing of payment.
3. Attachment –
 - a. Court Orders where applicable.
 - b. DC-40(A), APPLICATION FOR APPROVAL/DENIAL WAIVER OF FEE CAP, when an attorney seeks waiver of statutory fee amount.
 - c. DC-604, ORDER OF REFERRAL AND MEDIATOR APPOINTMENT FORM – CUSTODY, VISITATION AND SUPPORT CASES, when a mediator is requesting payment.
 - d. Applicable receipts where expenses are requested.
 - e. Attorney time sheet, when an attorney seeks waiver of statutory fee amount.
4. Preparation details
 - a. This form should be used by all vendors providing services to the courts who are paid out of the Criminal Fund with an exception for interpreters who are instructed to use DC-44 LIST OF ALLOWANCES - INTERPRETER.
 - b. The vendor should complete the form and submit it to the clerk of court immediately upon conclusion of the service rendered to the court.
 - c. The clerk of court should review the form for completeness prior to sending to OES for payment. For payment to be made, Data Element Nos. 3 to 16, 26 to 28, and 29 to 30 must be completed. If expenses are requested, Data Element No. 20 must be completed. If a waiver of the statutory fee amount is requested, Data Element No. 21 must be completed. If the vendor is an attorney seeking compensation as a guardian *ad litem* or as court-appointed counsel, Data Element No. 31 must be completed. In requests for payment for court-appointed counsel or public defenders representing defendants on local charges, Data Element Nos. 17 and 22 must be completed. The amount certified for payment should not exceed the maximum allowed.
 - d. In those jurisdictions where the general district court has a traffic and criminal division, the appropriate division should be indicated in Data Element No. 3.
 - e. Data Element No. 17 should be completed only by guardians *ad litem*, court-appointed counsel and public defenders representing defendants on criminal charges.
 - f. A twelve-character alphanumeric court case number must be provided in Data Element No. 7 for payment to be made.
 - g. All vendors must have a W-9 form on file with OES to be paid unless the payment requested includes only expenses.
5. Pursuant to § 2.2-810, Code of Virginia, DC-40's must be certified to the Supreme Court at least monthly.

LIST OF ALLOWANCES

Commonwealth of Virginia

VENDOR INVOICE NO. 1

VENDOR REFERENCE 2 (MAXIMUM 23 CHARACTERS)

3 CITY OR COUNTY

[] General District Court [] Traffic [] Criminal [] Juvenile & Domestic Relations District Court [] Circuit Court

4 VENDOR F.I.N. OR SOCIAL SECURITY NUMBER

5 PAY TO THE ORDER OF: FIRM, CO., INDIVIDUAL

ADDRESS

CITY, STATE, ZIP

CERTIFICATE OF ALLOWANCE FOR PAYMENT Said account has been duly examined by the undersigned and it appearing to be correct and unpaid, the account is hereby certified to the Supreme Court of Virginia for payment. 27 / 28 / CLERK/DEPUTY CLERK DATE

Defendant's Name 6 Case Number 7 Original Code § Charged 8 Chart of Allowances Code § 9

Trial/Service Date: / 10 / Specify case type: 11 Adult ___ Juvenile For district court felony, was case certified? ___ Yes 12 No

For adult criminal and juvenile delinquency cases, specify offense type or equivalent: ___ Misdemeanor ___ Felony (Class 1) ___ Felony (Class 2) ___ Felony (Class 3-6) 13 OR For other juvenile ct. cases, specify type of representation and client: 14 ___ Felony (unclass., punish. by more than 20 yrs.) ___ Felony (unclass., punish. by 20 yrs. or less) Appeal from juvenile court? ___ Yes 15 No Disposition: 16 Guilty/Delinq. ___ Not Guilty/Not Delinq. ___ Nolle Pros. ___ Defer/Dismiss ___ Dismissed ___ Other

Itemize expenses (include receipt for any over \$20): Calculate total time spent for charge: In Court time: ___ Hrs. ___ Min. \$ 17 Out of Court time: ___ Hrs. ___ Min. \$ 17 Total: \$ 18 Fee amount claimed (not to exceed cap): \$ 19 Total expenses: \$ 20 Waiver amount requested: \$ 21 Total amount claimed: \$ 22 Court Use Only - Amount Allowed: Fee amount: \$ 23 Expenses: \$ 24 Waiver amount: \$ 25 Total: \$ 26

Defendant's Name Case Number Original Code § Charged Chart of Allowances Code §

Trial/Service Date: / / Specify case type: ___ Adult ___ Juvenile For district court felony, was case certified? ___ Yes ___ No

For adult criminal and juvenile delinquency cases, specify offense type or equivalent: ___ Misdemeanor ___ Felony (Class 1) ___ Felony (Class 2) ___ Felony (Class 3-6) OR For other juvenile ct. cases, specify type of representation and client: ___ Felony (unclass., punish. by more than 20 yrs.) ___ Felony (unclass., punish. by 20 yrs. or less) Appeal from juvenile court? ___ Yes ___ No Disposition: ___ Guilty/Delinq. ___ Not Guilty/Not Delinq. ___ Nolle Pros. ___ Defer/Dismiss ___ Dismissed ___ Other

Itemize expenses (include receipt for any over \$20): Calculate total time spent for charge: In Court time: ___ Hrs. ___ Min. \$ Total expenses: \$ Waiver amount requested: \$ Total: \$ Fee amount claimed (not to exceed cap): \$ Total amount claimed: \$ Court Use Only - Amount Allowed: Fee amount: \$ Expenses: \$ Waiver amount: \$ Total: \$

Defendant's Name Case Number Original Code § Charged Chart of Allowances Code §

Trial/Service Date: / / Specify case type: ___ Adult ___ Juvenile For district court felony, was case certified? ___ Yes ___ No

For adult criminal and juvenile delinquency cases, specify offense type or equivalent: ___ Misdemeanor ___ Felony (Class 1) ___ Felony (Class 2) ___ Felony (Class 3-6) OR For other juvenile ct. cases, specify type of representation and client: ___ Felony (unclass., punish. by more than 20 yrs.) ___ Felony (unclass., punish. by 20 yrs. or less) Appeal from juvenile court? ___ Yes ___ No Disposition: ___ Guilty/Delinq. ___ Not Guilty/Not Delinq. ___ Nolle Pros. ___ Defer/Dismiss ___ Dismissed ___ Other

Itemize expenses (include receipt for any over \$20): Calculate total time spent for charge: In Court time: ___ Hrs. ___ Min. \$ Total expenses: \$ Waiver amount requested: \$ Total: \$ Fee amount claimed (not to exceed cap): \$ Total amount claimed: \$ Court Use Only - Amount Allowed: Fee amount: \$ Expenses: \$ Waiver amount: \$ Total: \$

I certify that the above claim for fees and/or expenses is true and accurate and that no compensation for the time or services set forth has previously been received. 29 / 30 / 31 VENDOR'S SIGNATURE DATE VSB MEMBER NUMBER

AMOUNT CERTIFIED FOR PAYMENT \$ 32

I have reviewed the foregoing information and authorize the amount allowed to the vendor named above.

33 / 34 / JUDGE DATE 35 / 36 / CHIEF JUDGE DATE Voucher # 37 (OES USE ONLY) (Chief Judge's signature required when fee for additional waiver is allowed per Form DC-40(A))

Data Elements, front

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Vendor Invoice Number which is preprinted on the form. 2. The vendor may insert a reference number (such as an account number) which will be printed on the check stub for verification purposes. 3. Court jurisdiction. Check applicable box for type of court. The Traffic and Criminal boxes should only be used in those courts where there are separate divisions for traffic and criminal. 4. Vendor's tax identification number or social security number. 5. Name to whom or what the check should be made out and address to which the check should be mailed. 6. Defendant's name. 7. Insert the twelve-character alphanumeric court case number. 8. Insert the original code section charged against defendant. Only one charge may be listed in the box. Only three charges may be listed per form. 9. Insert the code section under which payment will be made from the Chart of Allowances. The reverse of the form provides a partial code section list and a website address for full Chart. 10. Trial or service date. 11. Indicate case type: Adult or Juvenile. 12. Indicate whether the case was certified to the circuit court. 13. Indicate the offense type (and the class of the charge if applicable) or the equivalent. 14. If an attorney vendor, indicate whether appointed as counsel or as guardian <i>ad litem</i> and specify client type using abbreviations provided on reverse of form. 15. Indicate whether relevant charge relates to an appeal from juvenile court. 16. Indicate disposition of charge if court-appointed counsel. 17. Counsel should indicate the actual time spent in court for the charge and the actual time spent on out-of-court representation for the charge and insert the total fee amount based on such time reached by multiplying the number of hours by the hourly rate. 18. Counsel should indicate total amount of fees based on actual time spent for in-court and out-of-court | <p>representation reached by adding the fees reported in Data Element No. 17.</p> <ol style="list-style-type: none"> 19. Counsel should indicate the fee amount claimed up to the maximum amount allowable by statute. 20. Counsel should indicate the total amount of expenses claimed, itemizing and attaching invoices to this form. If the space provided is not sufficient to itemize the expenses, attach a separate sheet. 21. If a request for waiver of statutory fee amount has been made, indicate total waiver amount requested. 22. Add the amounts in Data Element Nos. 18, 19, and 20; enter the total amount on this line. 23. Amount approved for payment by the judge for payment of fee. 24. Amount approved for payment by the judge for expenses in the case. 25. Waiver amount approved by judge for payment of fee. 26. Add the amounts in Data Element Nos. 22, 23 and 24; enter the total amount on this line. 27. Clerk or deputy clerk's signature following a review of the form to determine that it is properly completed and the amount certified for payment does not exceed the maximum allowance. 28. Date form signed by clerk or deputy clerk. 29. Vendor's signature except where the vendor is a medical facility or if the voucher pertains to case on appeal to the Court of Appeals or Supreme Court of Virginia. 30. Date of vendor's signature. 31. If an attorney vendor is seeking compensation as guardian <i>ad litem</i> or as court-appointed counsel, enter Virginia State Bar member number. 32. Enter the amount certified for payment. It should equal the amount allowed by the judge. 33. Judge's signature. 34. Date of judge's signature. 35. Chief judge's signature (for use in approval of second-level waiver). 36. Date of chief judge's signature. 37. OES use only. |
|--|--|

INSTRUCTIONS

This form is to be used to recover fees and other allowable expenses incurred by court-appointed counsel, guardians *ad litem*, expert witnesses, court reporters, mediators, and others authorized by the court.

- Vendor Invoice Number** – This number, shown in red on the front of this form, will be on the check stub when payment is made.
- “Vendor Reference” field** – You may include a personal Vendor Reference of not more than 23 characters, which will be printed on the check stub. Do not use any characters other than numbers or letters.
- You will not receive a copy of this form with the check. Retain vendor copy of this LIST OF ALLOWANCES for reference.
- “Case Number” field** – Include complete twelve-character alphanumeric court case number (i.e., JA0000060100 or GT0200000100).

COURT-APPOINTED COUNSEL

To receive compensation for representation of an indigent person pursuant to Code § 19.2-163, a detailed accounting of the time expended for the representation must be submitted to the court within 30 days of the completion of all proceedings in that court. To comply with this requirement, please submit this form and, where appropriate, attach an Attorney Time Sheet.

- “Trial/Service Date” field** – The date the case was concluded in the court having authority to certify the account for payment.
 - “In Court” and “Out of Court” time fields** – Time spent for each charge must be listed separately.
- The total amount allowed for each charge is the sum of the fee amount, expenses and any waiver amount allowed. The fee amount is the total of In Court time and Out of Court time up to the statutory fee cap. Itemization must accompany all expenses claimed, and receipts are required for each expense over twenty dollars. The “Total amount claimed” for each charge is the sum of the fee amount claimed, expenses and any waiver amount requested.

Requests For Waiver – Any court-appointed attorney seeking a waiver of the statutory fee amount must complete an APPLICATION FOR AND APPROVAL OF WAIVER OF FEE CAP (Form DC-40(A)) for each charge and present it to the court with this form.

“Waiver amount requested” field – Use when a waiver of the statutory fee amount has been requested. The total waiver amount requested for the charge on the Form DC-40(A) should be listed.

JUVENILE AND DOMESTIC RELATIONS DISTRICT COURTS: NON-CRIMINAL AND NON-DELINQUENCY CASES

Court appointment for:	Type of Representation and Client	Type of Case	Insert in “Original Code § Charged” field	Insert in “Chart of Allowances code §” field
Juvenile	CAC-J	CHINS	§16.1-266(B)	§16.1-267
Juvenile	GAL-J	Abuse and Neglect	§16.1-266(A)	§16.1-267
Parent, Other Guardian	CAC-M, F or O	Abuse and Neglect - Civil	§16.1-266(D)	§19.2-163
Parent, Guardian, Other Adult incarcerated, mental illness or mental retardation (See DC-514 order)	GAL-M, F or O	Civil cases: Abuse and Neglect; Termination of Parental Rights; Entrustment; Relief of Custody	§16.1-266(E) depending on circumstances	§19.2-163
Juvenile	GAL-J	Entrustment; Termination of Parental rights; Relief of Custody	§16.1-266(A)	§16.1-267
Juvenile, Parent, Guardian	GAL-J, M, F or O CAC-J, M, F or O	All other cases	§16.1-266(E) or §16.1-266(F)	§16.1-267 or §19.2-163

“Representation and client type” field (_ _ _ - _) – Use when vendor is a guardian *ad litem* or court-appointed counsel in a non-criminal and non-delinquency case from juvenile court. Specify “G A L” if guardian *ad litem* or “C A C” if court-appointed counsel. Specify who was being represented: “J” (for Juvenile), “M” (for Mother), “F” (for Father) or “O” (for other Adult or Guardian) (e.g., a guardian *ad litem* appointed to represent a juvenile should specify “G A L - J”).

ALL COURTS

Service Provider	Insert in “Original Code § Charged” field	Insert in “Chart of Allowances code §”
Court-appointed counsel for Delinquency Case	Insert applicable charge cite(s)	§16.1-267
Court-appointed counsel for Adult Defendant	Insert applicable charge cite(s)	§19.2-163
Blood Withdrawal	Applicable criminal cite	§18.2-268.8

For those allowances not listed above, please refer to the CHART OF ALLOWANCES for the appropriate code section to insert. The CHART OF ALLOWANCES may be found online at www.courts.state.va.us.

“VSB Member Number” field – For any attorney seeking compensation as a guardian *ad litem* or as court-appointed counsel, your Virginia State Bar member number is a required field.

TIME FOR PAYMENT – This LIST OF ALLOWANCES should be processed within 30 days of the local court certifying the amount for payment and submitting it to the Office of the Executive Secretary of the Supreme Court of Virginia. Payment will be mailed unless the vendor has enrolled in the direct deposit service available at http://www.doa.virginia.gov/General_Accounting/EDI/EDI_Main.cfm. The amount paid pursuant to this document will be reported to the IRS, where applicable, using the referenced vendor F.I.N. or social security number and name. A matching Form W-9 must be on file prior to payment.

Using This Form

This form is completed by court-appointed attorneys who represent indigent defendants in criminal matters and who are not public defenders. These court-appointed attorneys may use the form to request a waiver of statutory limitations on payment of fees, including a supplemental waiver amount up to a certain specified amount and an additional waiver amount to be awarded by the court in which the case is concluded.

Only one charge may be addressed on each form. The attorney must attach the DC-40 LIST OF ALLOWANCES and Attorney Time Sheet form (or other detailed time sheet) for submission to the court. The DC-40 (A) must be retained in the court's file with the Attorney Time Sheet. If such waiver is approved, the DC-40 LIST OF ALLOWANCES should reflect the appropriate judicial signature and specify the amount allowed prior to submission to the Office of the Executive Secretary for payment.

**APPLICATION FOR AND APPROVAL/DENIAL
FOR WAIVER OF FEE CAP**

Commonwealth of Virginia VA. CODE § 19.2-163

Case No. **1**

Vendor Invoice No. **2**

[] General District Court [] Circuit Court
[] Juvenile and Domestic Relations District Court

..... **3**
CITY OR COUNTY

..... **4**
PRESIDING JUDGE

..... **5**
DEFENDANT'S NAME

..... **6**
CHARGE AT TIME OF APPOINTMENT (CODE SECTION) **7**

..... **8**
DATE OF APPOINTMENT

..... **9**
DATE CASE CONCLUDED

COUNSEL'S NAME ADDRESS CITY STATE ZIP

Please explain in detail the basis for your request for waiver of the fee cap (Attach Form DC-40, LIST OF ALLOWANCES and Attorney Time Sheet):

My representation of this client on this charge required additional time and effort:

..... **10**

My representation of this client on this charge presented novel and difficult issues:

..... **11**

My representation of this client on this charge involved the following circumstances which warrant a waiver:

..... **12**

PLEASE CHECK ALL THAT APPLY:

13 1. [] On the basis of the factors above, I request that the Court waive the otherwise applicable statutory fee cap and approve supplemental statutory waiver compensation in the amount of \$ **13** (See instructions on reverse for supplemental statutory waiver amount which can be requested.)

14 2. [] On the basis of the factors above, I request that the presiding judge and the chief judge approve an additional waiver in the amount of \$ **14**

I certify that the above claim for fees is true and that no compensation for these services has previously been received.

..... **15**
DATE

..... **16**
COUNSEL SIGNATURE

..... **17**
VSB MEMBER NUMBER

FOR COURT USE ONLY:

18 1. [] I approve supplemental statutory waiver compensation in the amount of \$ **18** for the following reason(s):
..... **19**

20 [] Supplemental statutory waiver request is denied.

..... **21** **22**
JUDGE DATE

23 2. [] I find justified an additional waiver in the amount of \$ **23** for the following reason(s):
..... **24**

25 [] Request for an additional waiver is not justified and is denied.

26 Additional waiver as justified is [] approved or [] denied.

..... **27** **28**
PRESIDING JUDGE DATE

..... **29** **30**
CHIEF JUDGE DATE

Data Elements

1. Insert case number.
2. Insert vendor invoice number from the DC-40, List of Allowances.
3. Court jurisdiction. Check applicable box for type of court.
4. Name of presiding judge.
5. Defendant's name.
6. Insert code section for charge for which counsel seeks waiver of the fee cap as provided by the court at time of appointment.
7. Name of counsel seeking waiver of limitation of fees or second-level waiver.
8. Original date court assigned the representation to counsel.
9. Date representation ended in the case for which counsel seeks waiver.
10. Provide facts supportive of statement immediately above.
11. Provide facts supportive of statement immediately above.
12. Provide facts supportive of statement immediately above.
13. Check if applicable and insert supplemental statutory waiver amount requested in blank field provided.
14. Check if applicable and insert second-level supplemental statutory waiver amount requested in blank field provided.
15. Date of counsel's signature.
16. Counsel's signature.
17. Enter counsel's Virginia State Bar member number.
18. Check if supplemental statutory compensation is approved. Enter the supplemental statutory waiver amount approved.
19. Enter the rationale for approval of supplemental statutory waiver in the blank fields provided.
20. Check if supplemental statutory waiver request is denied.
21. Judge's signature.
22. Date of judge's signature.
23. Check if additional waiver is found to be justified. Enter second-level supplemental statutory waiver amount in the blank field provided.
24. Enter the rationale for justification of the additional waiver in the fields provided.
25. Check if request for an additional waiver is not justified and is denied.
26. Check appropriate box indicating approval or denial of second-level supplemental statutory waiver amount determined to be justified by presiding judge.
27. Presiding judge's signature.
28. Date of presiding judge's signature.
29. Chief judge's signature.
30. Date of chief judge's signature

General Information and Instructions

Section 19.2-163 of the Code of Virginia provides the following fees for court-appointed counsel:

Court	Charge	Statutory Fee	Supplemental Statutory Waiver Amount	Fee by Additional Waiver
District	Misdemeanor	\$120	Up to \$120	Discretion of Court
Juvenile and Domestic Relations District	Delinquency – Equivalent to Misdemeanor or Felony, Class III to VI	\$120	Up to \$120	Discretion of Court
Juvenile and Domestic Relations District	Delinquency – Equivalent to Felony, Class II, or Probation Violation for Felony, Class II	\$120	Up to \$650	Discretion of Court
District	Felony, Class III to VI resolved in District Court	\$445	Up to \$155	Discretion of Court
District	Felony, Class II, resolved in District Court	\$1,235	Up to \$850	Discretion of Court
Circuit	Misdemeanor	\$158	Not Available	Discretion of Court
Circuit	Delinquency	\$158	Not Available	Discretion of Court
Circuit	Felony, Class III to VI	\$445	Up to \$155	Discretion of Court
Circuit	Felony, Class II	\$1,235	Up to \$850	Discretion of Court

Fee waivers may only be awarded by the court in which the case is concluded.

The General Assembly has authorized the above schedule for compensation for court-appointed counsel. Upon submission by counsel of a detailed accounting of time expended for court-appointed representation, the court in its discretion and subject to guidelines issued by the Executive Secretary of the Supreme Court of Virginia may waive the limitation of fees and authorize additional compensation up to the supplemental statutory waiver amount when the effort expended by counsel, the time reasonably necessary for the particular representation, the novelty and difficulty of the issues, or other circumstances warrant such a waiver.

Counsel may also request additional compensation exceeding these amounts by submitting a written request with a detailed accounting of the time spent and justification for the additional amount. The presiding judge shall determine, subject to guidelines issued by the Executive Secretary of the Supreme Court of Virginia, whether this request for additional compensation above the supplemental statutory waiver amount is justified, in whole or part, by considering the effort expended and time reasonably necessary for the particular representation, and, if so, shall forward the request as approved to the chief judge of the circuit court or district court for approval.

There is no appeal process available if an application for waiver of fee cap is denied. Additionally, if at any time the funds appropriated to pay for waivers become insufficient, the Executive Secretary of the Supreme Court of Virginia shall so certify to the courts and no further waivers shall be approved.

If you believe that your representation of an indigent defendant warrants consideration for an additional payment, please complete the reverse side of this form and present it to the court along with your standard request for payment (Form DC-40, LIST OF ALLOWANCES) and your Attorney Time Sheet. You must complete a separate application for each charge for which you are requesting a waiver of the fee cap. This form along with the Attorney Time Sheet shall be retained in the court file.

Additional Instructions:

Date of Appointment is the original date any court assigned the representation to you.

Date Case Concluded is the date representation ended in the case for which you are seeking payment.

Using This Form

This form is used by interpreters to record the time spent interpreting in a particular matter so that payment may be made by the state. The time spent interpreting must be approved by an authorized person who was present at the time that interpreting services were rendered. Each time the interpreter is requested to interpret, the signature and title of the authorized person requesting interpreting services must be recorded on this form. An “authorized person” is anyone who may have interpreting services paid for by the state such as a magistrate, judge, public defender, etc.

Only service on one date should be included on each form.

This is a five-part, snap-apart form. Copies are distributed as follows:

1. Comptroller (white) – to the Supreme Court of Virginia for payment.
2. Supreme Court (goldenrod yellow) – to the Supreme Court of Virginia.
3. Vendor’s copy (canary yellow) – to be returned to vendor upon processing.
4. Vendor’s copy (green) – retained by vendor upon submission to court.
5. Court copy (pink) – to the court which interpreting services were provided.

LIST OF ALLOWANCES – INTERPRETER

Commonwealth of Virginia

VENDOR INVOICE NO. **1**

VENDOR REFERENCE **2**
(MAXIMUM 23 CHARACTERS)

General District Court Traffic Criminal
 Juvenile & Domestic Relations District Court Circuit Court

3
CITY OR COUNTY

4
SOCIAL SECURITY NUMBER OR VENDOR EIN WITH SUFFIX

5
PAY TO THE ORDER OF: FIRM, CO., INDIVIDUAL

5
ADDRESS

5
CITY, STATE, ZIP

CERTIFICATE OF ALLOWANCE FOR PAYMENT	
Said account has been duly examined by the undersigned and it appearing to be correct and unpaid, the account is hereby certified to the Supreme Court of Virginia for payment.	
26 [] CLERK [] DEPUTY CLERK	27 DATE

Defendant's Name: <input type="checkbox"/> Addendum Attached		Case Number	Original Code \$ Charged:	Chart of Allowances Code \$
6	7	8	9	10 <input type="checkbox"/> 19.2-164-Criminal <input type="checkbox"/> 8.01-384.1:1-Civil
Start Time: 11	End Time: 12	13 Hrs []:00 []:15 []:30 []:45 Mins [] 2 hour minimum requested	Style: <input type="checkbox"/> Commonwealth v. 14 <input type="checkbox"/> Locality v. <input type="checkbox"/> Other	Authorized Signature: 15
Defendant's Name: <input type="checkbox"/> Addendum Attached		Case Number	Original Code \$ Charged:	Chart of Allowances Code \$
Start Time:	End Time:	Hrs []:00 []:15 []:30 []:45 Mins [] 2 hour minimum requested	Style: <input type="checkbox"/> Commonwealth v. <input type="checkbox"/> Locality v. <input type="checkbox"/> Other	Fee Requested: \$ 16
Defendant's Name: <input type="checkbox"/> Addendum Attached		Case Number	Original Code \$ Charged:	Chart of Allowances Code \$
Start Time:	End Time:	Hrs []:00 []:15 []:30 []:45 Mins [] 2 hour minimum requested	Style: <input type="checkbox"/> Commonwealth v. <input type="checkbox"/> Locality v. <input type="checkbox"/> Other	Fee Requested: \$
Defendant's Name: <input type="checkbox"/> Addendum Attached		Case Number	Original Code \$ Charged:	Chart of Allowances Code \$
Start Time:	End Time:	Hrs []:00 []:15 []:30 []:45 Mins [] 2 hour minimum requested	Style: <input type="checkbox"/> Commonwealth v. <input type="checkbox"/> Locality v. <input type="checkbox"/> Other	Fee Requested: \$
Defendant's Name: <input type="checkbox"/> Addendum Attached		Case Number	Original Code \$ Charged:	Chart of Allowances Code \$
Start Time:	End Time:	Hrs []:00 []:15 []:30 []:45 Mins [] 2 hour minimum requested	Style: <input type="checkbox"/> Commonwealth v. <input type="checkbox"/> Locality v. <input type="checkbox"/> Other	Fee Requested: \$
Service Date:/...../.....	Language Interpreted: 18	Court Use Only – Amount Allowed:		
Service Provider: 19	20a Miles x Mileage Rate	21a	Fee Amount: \$ 22	
Interpreter: <input type="checkbox"/> Certified <input type="checkbox"/> Non-Certified	or Fare (Public Conveyance): \$	21b	Travel Time: \$ 23	
	20b Travel Time x Rate: \$		Total: \$ 24	
			Mileage: \$ 25	

I certify that the above claim for fees and/or expenses is true and accurate and that no compensation for the time or services set forth has previously been received.

28 _____ **29** _____
VENDOR OR VENDOR'S AGENT SIGNATURE DATE

AMOUNT CERTIFIED FOR PAYMENT \$ **30**

I have reviewed the foregoing information and authorize the amount allowed to the vendor named above.

Voucher # **33**
(OES USE ONLY)

31
JUDGE

32
DATE

Data Elements

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Vendor Invoice Number that is preprinted on the form and should be provided by the vendor on any addendum or attachment to the form. 2. The vendor may insert a reference number (such as an account number) which will be printed on the check stub for verification purposes. 3. Court jurisdiction. Check applicable box for type of court. The Traffic and Criminal boxes should only be used in those courts where there are separate divisions for traffic and criminal. 4. Vendor's tax identification number and suffix or social security number. 5. Individual or entity that should be identified as payee and complete address to which payment should be mailed. 6. Check box if addendum is attached. If an addendum is needed (<i>i.e.</i>, for multiple cases occurring during the same billing period on the same date of service), include case information on the addendum and proceed to step 11. 7. Defendant's name. 8. Insert the twelve-character alphanumeric court case number. 9. Insert the original code section charged against defendant. Only one charge may be listed in the box. Only four interpreting assignments may be listed per form. 10. Check the box for the code section under which payment will be made. 11. Indicate start time when interpreting services began. (for each assignment / date of service). 12. Time when interpreting services ended (for each assignment / date of service). 13. Indicate the actual time spent interpreting using the boxes and space provided, rounding upwards by quarter hour. Check "2-hour minimum requested" box if actual time is less than two hours. 14. Indicate the case style by checking the appropriate box. 15. Signature and title of the person certifying the time spent interpreting, <i>i.e.</i>, someone who is authorized to charge services to the state, such as a staff interpreter, attorney, or judicial officer. An authorized signature must appear for each instance service is provided. 16. Indicate the fee requested by the interpreter. 17. Trial or service date. | <ol style="list-style-type: none"> 18. Language (other than English) which is being interpreted, for example, Spanish, Vietnamese, Russian, etc. 19. Name of interpreter providing the service if not provided in Data Element No. 5. Check appropriate box below name indicating interpreter certification or non-certification. 20. Travel expenses. Mileage can be reimbursed when the interpreter travels 30 or more miles one way from his or her residence or business (address used for tax purposes) and is currently calculated at the state approved mileage rate at \$0.505 per mile. For those interpreters traveling 30 or more miles one way, travel time compensation can be approved at one-half the hourly rate allowed for actual work time. <ol style="list-style-type: none"> a. Insert number of miles traveled. b. Insert travel time. 21. Enter total dollar amounts: <ol style="list-style-type: none"> a. Enter actual cost of fare for public transportation or calculate amount based on number of miles multiplied by mileage rate. b. Calculate amount based on travel time multiplied by one-half hourly rate. 22. Amount approved for payment by the judge for payment of interpreting fees. 23. Amount approved for payment by the judge for travel time. 24. Add the amounts in Data Element Nos. 22 and 23; enter the total amount on this line. 25. Amount approved for payment by the judge for mileage in the case. 26. Clerk or deputy clerk's signature following a review of the form to determine that it is properly completed and the amount certified for payment does not exceed the maximum allowance. 27. Date form signed by clerk or deputy clerk. 28. Vendor's signature. 29. Date of vendor's signature. 30. Enter the amount certified for payment. It should equal the amount allowed by the judge. 31. Judge's signature. 32. Date of judge's signature. 33. OES use only. |
|---|--|

INSTRUCTIONS

This form is to be used to recover fees and other allowable expenses incurred by interpreters for on date of service.

“Vendor Invoice Number”- This number, shown in red on the front of this form, will be on the check stub when payment is made. This number should be written on the addendum worksheet if one is submitted with this form.

“Vendor Reference” field -You may include a personal Vendor Reference of not more than 23 characters, which will be printed on the check stub. Do not use any characters other than numbers or letters. You will not receive a copy of this form with the check. Retain vendor copy of this List of Allowances for reference.

“Defendant’s Name”- Write Defendant’s full name as it appears on docket.

“Addendum Attached”- Check this box if an addendum is attached to the List of Allowances form. Addendum can be used when more than one case requires interpretation during an assignment. Addendum worksheet will contain all necessary information for processing so that the remaining boxes (Case Number, Original Code, Chart of Allowances Code, and Style) do not need to be completed on the List of Allowances, itself. If interpreting services are provided on the same day in different places, such as multiple cases in court and then a single-case jail visit, the first slot can have “Addendum Attached” checked off while the following slot would have all the requested information filled out on the List of Allowances Form.

“Case Number”- Circuit Court case numbers contain a two-letter code beginning with the letter “C”. General District Court case numbers contain a two-letter code beginning with the letter “G”. Juvenile and Domestic Relations Court case numbers contain a two-letter code starting with a “J”. Complete all blanks in the Case Number block.

“Original Code § Charged”- Insert Original Code number, not only charge name. For Civil cases write “CIVIL CASE”.

“Start Time”- Time Interpreter began workday, or particular case. For example, start time may be 9:00 a.m. for court cases, but 1:15 p.m. for jail visit on same date of service.

“End Time”- Time Interpreter finished workday, or particular case. For example, end time may be 12:15 p.m. for court cases, but 2:30 p.m. for a jail visit mentioned in previous example. End time should coincide with sign-out time. Lunch time and the time used to complete vouchers shall not be included in request for reimbursement.

“Hours”- Total amount of hours interpreting in court, jail visit, or attorney conference. If amount is less than two hours, indicate how much time was spent in court or on the case and then check off “2 hour minimum requested” box if seeking it. “2 hour minimum” should normally only be used once per service date.

“Style”- Style of case: Commonwealth of VA v. John Smith, check “Commonwealth” box. City/County v. John Smith, check “Locality” box. Mary Smith v. John Smith, check “Other” box.

“Authorized Signature”- The person who can verify that services were required and provided.

“Fee Requested”- Indicate fee requested for that time period.

“Service Provider”- If an agency is requesting payment, the name of individual providing service needs to be filled out in “Service Provider” box, as well as an indication of certification status.

“Miles x Mileage Rate”- May be applicable for travel 30 miles or more one way. The mileage rate may be no more than approved judicial travel guidelines.

“Travel Time” – May be reimbursed at no more than the half the hourly wage.

Using This Form

This form is completed by attorneys employed by the Public Defender's office and submitted to the court in order for the court to assess the cost of representation against a defendant when that defendant is found guilty. It is verified and signed by the judge.

Please note that this form must be submitted to the court on the trial date and signed by the attorney.

PUBLIC DEFENDER TIME SHEET

Commonwealth of Virginia

PUBLIC DEFENDER: 1 NAME

..... 2 ADDRESS

..... 2 ADDRESS

COURT: [] Circuit [] General District [] Juvenile and Domestic Relations District

4 { [] Commonwealth [] Locality

VS/In Re: 5

Court date: 6

[] Number of Charges and Code Sections

Case Number(s): 7

8 CODE SECTIONS

THIS FORM MUST BE SUBMITTED TO THE COURT AND SIGNED BY THE ATTORNEY AT THE TIME OF TRIAL.

Table with 5 columns: TIME, HOURS, MINUTES, RATE, AMOUNT. Rows include In Court, Out of Court, EXPENSES, and TOTAL.

I certify that the above detailed time and expenses are accurate.

..... 16 DATE

..... 17 ATTORNEY

AMOUNT ALLOWED: 18

..... 19 DATE

..... 20 JUDGE

Data Elements

1. Print the attorney's name.
2. Enter the address of the public defender's office.
3. Check the box that identifies the type of court which appointed the attorney.
4. Indicate the type of charge(s) on which the attorney is appointed.
5. Print the defendant's name.
6. Indicate the court date or dates on this line.
7. Identify the case number(s).
8. Indicate the number of charges against the defendant and the statutes violated.
9. In this column, indicate the number of hours the attorney spent in court and out of court, respectively (out-of-court time includes research, interviewing, etc.).
10. In this column, indicate the number of minutes the attorney spent in court and out of court, respectively (out-of-court time includes research, interviewing, etc.).
11. In this column, indicate the hourly rate for payment ("in-court" time is not to exceed \$75 per hour; "out-of-court" is not to exceed \$55 per hour).
12. Total amount for in-court representation, reached by multiplying number of hours by the hourly rate.
13. Total amount for out-of-court representation, reached by multiplying the number of hours by the hourly rate.
14. Indicate the total amount of expenses claimed, itemizing and attaching invoices to this form.
15. Add the amounts in items #12, #13, and #14; enter the total amount on this line.
16. Date on which the form is completed.
17. Attorney's signature.
18. The amount allowed here.
19. Date of judge's signature.
20. Judge's signature.

Form DC-90 ORDER DESIGNATING DISTRICT COURT JUDGE, Form DC-90
RETIRED JUDGE OR SUBSTITUTE JUDGE TO PRESIDE
IN A DISTRICT COURT

Using This Form

1. Copies
 - a. Original – to court where designated judge is authorized to sit.
2. Prepared by clerk, signed by chief judge.
3. Attachments – none.
4. Preparation details
 - a. This form should be used to designate for service in a judicial district:
 - A district court judge from within the district or from another district
 - A general district court judge serving in a juvenile and domestic relations district court
 - A juvenile and domestic relations district court judge serving in a general district court
 - Any retired district court judge or retired circuit court judge
 - A substitute judge from another district
 - b. Each district court should keep these completed forms in a designation file in chronological order by designation date or by case number for individual case designation.
 - c. To receive compensation for retired judges or substitute judges, district court form DC-1101, RETIRED, RECALLED AND SUBSTITUTE JUDGES PER DIEM AND TRAVEL EXPENSE REIMBURSEMENT VOUCHER, must be completed.

**ORDER DESIGNATING DISTRICT COURT JUDGE,
RETIRED JUDGE OR SUBSTITUTE JUDGE TO
PRESIDE IN A DISTRICT COURT**

Case No. **1**

Commonwealth of Virginia VA. CODE §§ 16.1-69.21, 16.1-69.35

..... **2** **2**
CITY OR COUNTY General District Court
 Juvenile and Domestic Relations District Court

I, the undersigned, pursuant to the provisions of Virginia Code §§ 16.1-69.35 and/or 16.1-69.21, find that one or more of the judges in the district court is under a disability or otherwise unable to hold court and that the assistance of another judge is needed and therefore:

3 hereby designate the Honorable

4 { judge of the General District Court of the District; or
 judge of the Juvenile and Domestic Relations District Court of the District; or

5 retired District Court Judge

OR

6 being unable to assign a retired district court judge, hereby designate the Honorable

....., Retired Circuit Court Judge, who consents to this designation;

OR

7 further find, pursuant to Virginia Code § 16.1-69.21, that the provisions of § 16.1-69.35 have been complied with or cannot reasonably be done within the time permitted and that no other full-time or retired judge is reasonably

available to serve, hereby designate the Honorable **7**

Substitute Judge of the **7** Judicial District;

8 { to preside in the aforementioned court on:
.....
DESIGNATED DATE(S)
 to preside in the aforementioned court in the following case:

..... v./In re

It is so Ordered.

..... **9**
DATE

..... **10**
CHIEF JUDGE

Form DC-90 ORDER DESIGNATING DISTRICT COURT JUDGE, Form DC-90
RETIRED JUDGE OR SUBSTITUTE JUDGE TO PRESIDE
IN A DISTRICT COURT

Data Elements

1. Case number (if designation solely for individual case).
2. Name of jurisdiction in which court is located. Check the applicable box for type of court.
3. Name of district court judge sitting as designated by checkboxes immediately below.
4. Check type of district court judge as named in Data Element No. 3.
5. Check if unable to designate type of district court judge listed in Data Element No. 4.
6. Check if unable to designate type of judge listed in Data Elements Nos. 4 and 5. Insert name of retired circuit court judge sitting as designated.
7. Check if unable to designate type of judge listed in Data Elements No. 4, 5, and 6. Insert name of substitute judge sitting as designated. Insert number of judicial district in which substitute judge named is appointed.
8. Check applicable box and list dates on which designated judge is authorized to serve as judge in the court or provide case caption for individual case designation (if known).
9. Date of signing by chief judge.
10. Signature of chief judge.

ORDER OF DISQUALIFICATION/WAIVER OF DISQUALIFICATION

Using This Form

1. Copies:
 - a. Original - attach to court case papers
 - b. Copies - attach to other case papers if there are multiple cases.
2. Prepared by:
 - a. Top portion – judge
 - b. Bottom portion – attorneys or parties in case
3. Preparation Details - This form is used to document that the judge has either disqualified himself due to a conflict in a particular case or cases, or that a possible conflict may exist and the attorneys and the parties in the case have waived the disqualification of the judge in the particular case or cases.

Case No. 1

[] General District Court

[] Juvenile & Domestic Relations District Court

2 v./ In re: 4

3

ORDER OF DISQUALIFICATION

I, Judge 5, recuse myself from hearing this case for the following reasons:

6

7 S/ 8

WAIVER OF DISQUALIFICATION

We, the undersigned parties and attorneys in this case, have been advised that the following situation exists which otherwise could require Judge 9 to be recused from this case

10

Nevertheless, we waive the right to request the Judge's recusal and waive the disqualification of the Judge to hear this case.

11 S/ _____

11 S/ 12 _____

S/ _____

S/ _____

*This waiver must be signed by all attorneys and all parties in the above-styled case in order for the waiver to become effective.

ORDER OF DISQUALIFICATION/WAIVER OF DISQUALIFICATION

Data Elements

1. Case number.
2. Name of court.
3. Name of plaintiff.
4. Name of defendant or case name if case is styled In Re:.
5. Name of judge.
6. Reasons why the judge is recusing him or herself in this case.
7. Date.
8. Signature.
9. Name of judge.
10. Reasons why the judge is recusing him or herself in this case.
11. Date.
12. Signatures. All attorneys and parties in the case must sign.

**CIRCUIT COURT FORMS
USED IN DISTRICT
COURT**

**DISTRICT COURT MANUAL
FORMS VOLUME**

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to Agency/Facility withdrawing blood samples or preparing information for preparation of reports to CCRE – then to court.
 - c. Second copy – to defendant.
2. Prepared by clerk.
3. Attachments – warrant or petition, if applicable. See Data Element No. 13.
4. Preparation details –
 - a. Data Element No. 4 – If the defendant is arrested for, charged with or convicted of violating a local ordinance, this data element should be completed instead of Data Element No. 3.
 - b. Data Element Nos. 10-12 are completed in all cases and Data Element No. 13 is completed if a copy of warrant or petition is attached to the order.
 - c. Data Element Nos. 14 and 17 - If the defendant is released from custody and ordered to report to an agency for taking of a sample of blood, saliva or tissue and/or preparation of CCRE report is ordered (Data Element Nos. 18-21), complete Data Element Nos. 6-9. If the defendant is remanded into custody and withdrawal of blood and/or preparation of CCRE report is ordered (Data Element Nos. 18-21), complete Data Element No. 22.
 - d. Data Element Nos. 25, 26 and 27 - These items are to be completed by a representative of the agency/facility ordered to perform the blood withdrawals or prepare CCRE report (including fingerprinting).

1, [] Circuit Court [] General District Court Case No(s). 2
[] Juvenile and Domestic Relations District Court

3 [] Commonwealth of Virginia } In re/v. 5 (FULL NAME)
[] 4

Complete line below only if ordered to report and not remanded into custody

6 DOB 7 SOCIAL SECURITY NUMBER 8 RACE 9 M F GENDER
10 CHARGE 11 CODE SECTION 12 OFFENSE DATE

13 [] Warrant or Petition Attached

ORDER FOR DNA OR HIV AND HEPATITIS B, C VIRUSES TESTING AND/OR FOR PREPARATION OF REPORTS TO CENTRAL CRIMINAL RECORDS EXCHANGE

The defendant is

14 [] ordered to report to 14 AGENCY/FACILITY
on 14 at 14 m. with the following proof of identity: [] Virginia driver's license [] 15
17 [] remanded to the custody of 17

for the purposes checked below:

- 18 [] the taking of a sample of blood, saliva or tissue for DNA analysis...
19 [] testing for infection with HIV...
20 [] testing for infection with HIV...
21 [] fingerprinting and obtaining data...

The defendant is Ordered to cooperate fully and promptly in providing information and permitting fingerprinting, taking or withdrawal of samples and/or testing as required by this Order.

Complete only if remanded into custody:

After completion of the above-described requirements, the defendant shall:

- [] remain in custody to serve time.
22 [] be released but required to return to custody on ... for deferred execution of sentence.
[] be released on probation or on suspended execution of sentence.
[] be released.

23 DATE ENTERED

24 JUDGE

To Agency/Facility:

Complete and return to the above-named court.

- 25 [] Fingerprinting/sampling/testing completed as ordered.
[] Defendant failed to appear as ordered.
[] Defendant failed to provide required proof of identity.
[] DNA sample previously taken.
[]

I acknowledge receipt of this Order.

26 DATE

27 SIGNATURE AND TITLE

28 DEFENDANT

Data Elements

1. Court name. Check applicable type of court.
2. Court case number(s).
3. Check if this criminal case is brought in the name of the Commonwealth.
4. Check and enter the name of the entity bringing the case if other than the Commonwealth. See USING THIS FORM, 4(a).
5. Full name of defendant.
6. If ordered to report, enter date of birth of the defendant. See USING THIS FORM, 4(c).
7. If ordered to report, enter social security number of the defendant. See USING THIS FORM, 4(c).
8. If ordered to report, enter race of the defendant. See USING THIS FORM, 4(c).
9. If ordered to report, show gender of the defendant ("M" for male or "F" for female). See USING THIS FORM, 4(c).
10. Enter short description of charge forming the basis for entry of this order.
11. Enter statutory citation for charge identified in Data Element 10.
12. Enter date of offense identified in Data Element No. 10.
13. Check if copy of warrant or petition attached.
14. If defendant is ordered to report to a specific agency/facility for withdrawal of blood samples, check box and enter the agency/facility name in addition to the date and time (A.M. or P.M.) the defendant is to report. See USING THIS FORM, 4(c).
15. If ordered to report, check box if defendant is ordered to present Virginia driver's license to agency/facility as proof of identity. See USING THIS FORM, 4(c).
16. If ordered to report, check box and complete if defendant is ordered to present another form of identification in addition to or in lieu of his Virginia driver's license. See USING THIS FORM, 4(c).
17. If remanded into custody, check box and enter the name of the person or agency to whom the defendant was remanded into custody. See USING THIS FORM, 4(c).
18. Check box if the purpose of the defendant reporting to the agency/facility is for the taking of a sample of blood, saliva or tissue for DNA analysis.
19. Check this box if the purpose of the defendant reporting is testing for HIV or hepatitis B or C viruses pursuant to Code § 18.2-62.
20. Check this box if the purpose of the defendant reporting is testing for HIV and hepatitis C pursuant to Code § 18.2-346.1.
21. If CCRE reporting process is required, check this box.
22. If the defendant is remanded into custody, check the appropriate box to show disposition of the defendant after compliance with this order and, if applicable, enter date on which the defendant is required to return to custody for deferred execution of sentence. See USING THIS FORM, 4(c).
23. Date order entered.
24. Judge's signature.
25. Agency/Facility to check appropriate box regarding defendant's compliance with this order or other relevant determination. See USING THIS FORM, 4(d).
26. Date agency/facility completed the status of the order. See USING THIS FORM, 4(d).
27. Signature and title of agency/facility representative completing the order. See USING THIS FORM, 4(d).
28. Signature of the defendant acknowledging receipt of the order.

Using This Form

1. Copies
 - a. Original - to court.
 - b. First copy - to parties.
 - c. Additional copies as dictated by local practice.
2. Prepared by petitioner(s).
3. Attachments
 - a. Documents petitioner deems appropriate.
4. Preparation Details - none.

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

Case No. **1**

2 General District Court
 Juvenile & Domestic Relations District Court
 Circuit Court

3 v. **3**

The undersigned petitioner(s) request the court to permit the petitioner(s) to sue or defend a civil case in this court without the payment of fees or costs and to have from all officers all needful services and process. In support of the petition, the petitioner(s) state that the following information is true:

- 1. The undersigned petitioner(s) are Virginia resident(s).
- 2. The following financial information applies to the petitioner(s):
 - a. Receiving public assistance No Yes-See items checked below
 Medicaid Supplemental security income TANF Food stamps
 - b. Take-home pay \$ per week every second week
 twice a month month
 - 4 c. Other income, if any (specify sources and amounts):

 - d. Assets Cash on hand \$ Bank accounts \$

3. Other information

- a. The number of people for whom the petitioner(s) provide support is: **5**
- b. The number of persons residing with the petitioner(s) is: **6**
- c. Complete if applicable:
 In custody at **7**

ACKNOWLEDGEMENT

I understand that the court cannot provide me with legal advice, and that it may be advisable to get advice from a lawyer.

8 _____ **9** _____
 DATE SIGNATURE - PETITIONER

9 _____
 SIGNATURE - PETITIONER

10 _____
 NAMES OF PETITIONERS

ORDER

- 11** The petition is granted.
- The petition is denied.

12 _____ **13** _____
 DATE JUDGE

Data Elements

1. Court case number.
2. Court name, and check appropriate box for type of court.
3. Style of case.
4. Financial information provided by the petitioner(s).
5. Number of people for whom petitioner(s) provide(s) support.
6. Number of persons residing with petitioner(s).
7. If incarcerated, enter place of detention.
8. Date petition completed by petitioner(s).
9. Signature of petitioner(s).
10. Names of each petitioner.
11. Check appropriate box to indicate disposition.
12. Date order is signed.
13. Signature of judge entering order.

**Form CC-1433 NOTICE OF COMMENCEMENT OF ACTION Form CC-1433
AND REQUEST FOR WAIVER OF SERVICE OF PROCESS**

Using This Form

1. Attachments – as appropriate, copies of the following document(s) should be attached to this form:
 - a. Complaint or other pleading.
 - b. ACCEPTANCE OF SERVICE OF PROCESS AND WAIVER OF FUTURE SERVICE OF PROCESS AND NOTICE, Form CC-1406, if action pending in circuit court.
 - c. Other document(s), if applicable.

2. Preparation details
 - a. This form may be used by a plaintiff in any action pending in circuit court or in general district court to notify a defendant of the commencement of the action and request that the defendant waive service of process. With certain exceptions listed in Virginia Code § 8.01-286.1, a defendant who receives actual notice of an action in the manner provided in that section has a duty to avoid any unnecessary costs of serving process.
 - b. This form may be prepared by a plaintiff in an action pending in circuit court or in general district court.
 - c. The plaintiff plaintiff's or attorney must provide the defendant with an extra copy of the notice and request, as well as a prepaid means of compliance in writing. Form CC-1406, ACCEPTANCE/WAIVER OF SERVICE OF PROCESS AND WAIVER OF FUTURE SERVICE OF PROCESS AND NOTICE, may be sent with this form to the defendant, if the action is pending in circuit court.

**NOTICE OF COMMENCEMENT OF ACTION AND
REQUEST FOR WAIVER OF SERVICE OF PROCESS**
COMMONWEALTH OF VIRGINIA VA. CODE § 8.01-286.1

Case No. 1

2 Circuit Court
 General District Court

3 PLAINTIFF v. 4 DEFENDANT

I, the undersigned plaintiff attorney for plaintiff hereby notify the defendant

in the above-styled suit of the following:

1. An action in the above court has been commenced.
2. A copy of the following document(s) accompanies this Notice of Commencement of Action and Request for Waiver of Service of Process:

Complaint filed on 9
DATE

Other – Describe: _____ filed on 9
DATE

3. An extra copy of this Notice of Commencement of Action and Request for Waiver of Service of Process and a prepaid means of compliance in writing is enclosed herein and sent on this date 10
DATE SENT

by the following means: 11

**NOTICE OF CONSEQUENCES OF COMPLIANCE AND FAILURE TO COMPLY WITH THIS REQUEST
PURSUANT TO VIRGINIA CODE § 8.01-286.1 BY THE PLAINTIFF FOR WAIVER OF SERVICE OF PROCESS BY
THE DEFENDANT:**

1. The defendant is allowed no more than 30 days from the date on which the request is sent, or 60 days if the defendant's address is outside the Commonwealth, to return the waiver.
2. Upon failure by the defendant to comply with this request for waiver made by the plaintiff, the court shall impose the costs subsequently incurred in effecting service on the defendant, unless the defendant shows good cause for the failure to comply. These costs shall include, in addition to the costs for effecting service of process, other costs, including reasonable attorneys' fees, of any motion required to collect the costs of service.
3. Upon timely return of the requested waiver of service of process, the defendant is not required to serve an answer or other responsive pleading to the complaint or other initial pleading until 60 days after the date on which this request for waiver of service was sent, or 90 days after that date if the defendant's address is outside the Commonwealth of Virginia.
4. The defendant's waiver of service of process in compliance with this request does not thereby waive any objection to the venue or to the jurisdiction of the court over the person of that defendant, or to any other defense or objection other than objections based on inadequacy of process or service of process.

12
DATE

13
 PLAINTIFF ATTORNEY

14
PRINT NAME

15
ADDRESS/TELEPHONE NUMBER OF SIGNATOR

Form CC-1433 NOTICE OF COMMENCEMENT OF ACTION Form CC-1433
AND REQUEST FOR WAIVER OF SERVICE OF PROCESS

Data Elements

1. Court case number.
2. Name of court.
3. Name of plaintiff.
4. Name of defendant.
5. Check appropriate box.
6. Check box if notice is being sent to the defendant.
7. Check box if notice is being sent to other than the defendant and enter name.
8. Check appropriate box to indicate document(s) accompanying this form.
9. Enter date on which document(s) filed.
10. Enter date this form with required enclosures sent.
11. Enter by what method the documents have been sent.
12. Enter date this form signed.
13. Signature of person completing this form. Check box to indicate plaintiff or plaintiff's attorney.
14. Print name of person whose signature appears in Data Element No. 13.
15. Enter address and telephone number of person signing document.