
Using This Revisable PDF Form

1. Copies
 - a. Original – to court.
 - b. First copy – to be retained by petitioner after filing with court.
2. Prepared by petitioner.
3. Attachments – documents petitioner deems appropriate.
4. Preparation details – none.

Data Elements, page one

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Case number. 2. Court name. 3. Petitioner's name. 4. If receiving public assistance, check and insert name of city or county and, if receiving aid from another state or the District of Columbia, insert the name of such state or the District of Columbia. Also check the applicable boxes and, if applicable, complete the blank lines. 5. If not receiving public assistance, check this box. 6. If being represented by a legal aid society, an attorney appearing as counsel <i>pro bono</i>, or an attorney assigned or referred by a legal aid society, check this box. 7. Names and addresses of employers of the person seeking to proceed in a civil case without payment of fees and costs and of the spouse of such person. 8. Description of interval between pay periods (weekly, every two weeks, twice monthly, monthly). 9. Annual net take-home pay. 10. Describe other income sources and total annual amounts. 11. Total of Data Element Nos. 9 and 10. 12. Total of both columns of Data Element No. 11. 13. Amount of cash in the immediate possession of the applicant and his spouse. 14. Amount of funds in checking or savings accounts, whether in a bank, savings and loan, credit union or | <p>other similar financial institution.
List name of institution.</p> <ol style="list-style-type: none"> 15. Describe other assets readily convertible to cash and total value of such items. 16. Total of Data Element Nos. 13 through 15. 17. Total of both columns of Data Element No. 16. 18. Total number of individuals in household for whom petitioner has financial responsibility, including petitioner. 19. Amount of unusual, continuing medical expenses, if applicable to applicant's family. 20. Amount of all court-ordered support and/or alimony (spousal support). Check appropriate box to indicate if deducted or not deducted from paycheck. 21. Amount of child care expenses, if any. 22. Amounts and descriptions of all other exceptional expenses. 23. Total amount of all such exceptional expenses. 24. Total of Data Element No. 12 plus Data Element No. 17 minus Data Element No. 21. |
|---|---|

Data Elements, *page 2*

1. Date of acknowledgment.
2. Signature of petitioner.
3. Printed name of petitioner.
4. Residence address of petitioner.

**REQUEST TO WAIVE BOND
(CELEBRATE RITES OF MARRIAGE)**

COMMONWEALTH OF VIRGINIA VA.CODE §§ 17.1-606; 20-25

Case No. **1**

VIRGINIA: In the Circuit Court of the [] City [] County of **2**

Petitioner's Name **3**
 LAST FIRST MIDDLE SUFFIX

The undersigned petitioner requests that any bond required pursuant to § 20-25 of the Code of Virginia be waived. In support of this request, the petitioner states that the following information is true:

- 4** { I currently receive the following type(s) of public assistance in
CITY/COUNTY
 TANF \$ Medicaid Supplemental Security Income \$
 SNAP (food stamps) \$ Other (specify type and amount)
5 I currently do not receive public assistance.
6 I am represented in this matter by a legal aid society, an attorney appearing as counsel *pro bono*, or an attorney assigned to me or referred by a legal aid society.

Names and address of employer(s) for myself and spouse:
 Self **7**
 Spouse **7**

NET INCOME:

	8	Self	8	Spouse
Pay period (weekly, every second week, twice monthly, monthly)				
Net take home pay (salary/wages, minus deductions required by law and tax withholdings)		\$	9
Other income sources (please specify)	10	\$	10
TOTAL INCOME		\$ 11	+	\$ 11 = 12 A

LIQUID ASSETS:

Cash on hand		\$	13
Bank Accounts at: 14		\$	14
Any other liquid assets: (please specify)	15			
..... with a value of 15		\$	15
TOTAL ASSETS		\$ 16	+	\$ 16 = 17 B

18..... Number in household I have financial responsibility for, including myself.

EXCEPTIONAL EXPENSES (Total Exceptional Expenses of Family)

Medical Expenses (list only unusual and continuing expenses)	\$ 19
Court-ordered support payments/alimony	\$ 20
20 <input type="checkbox"/> deducted from paycheck <input type="checkbox"/> not deducted from paycheck		
Child-care payments (e.g. day care)	\$ 21
Other (describe):		
..... } \$ 22		
TOTAL EXPENSES	\$ 23	= 23 C
COLUMN "A" plus COLUMN "B" minus COLUMN "C" equals available funds		= 24

ACKNOWLEDGEMENT

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

1 **2** **3**

DATE

SIGNATURE – PETITIONER

PRINT NAME –PETITIONER

..... **4**

RESIDENCE ADDRESS OF PETITIONER