Using This Revisable PDF Form

1. Copies

    a. Original copy – to court.

2. Prepared by person requesting that he or she be allowed to proceed with a custody visitation case without paying the filing fees.

3. Possible attachments –

    a. The court may request proof of income or expenses prior to ruling on the application.

4. Preparation details

    a. This form must be signed under oath and acknowledged by a notary, the intake officer of a clerk or deputy clerk.

    b. If the petitioner went to the Intake Officer to petition for custody and/or visitation, this document should be filed with the clerk's office within 90 days of the petitioner receiving the completed documents from the Intake Officer.

    c. If the court denies this application, the petitioner must pay the fees within 90 days.

AFFIDAVIT IN SUPPORT OF APPLICATION FOR
PROCEEDING IN CUSTODY OR VISITATION
CASE WITHOUT PAYMENT OF FILING FEES
Commonwealth of Virginia   VA. CODE § 16.1-69.48:5

[ ] Circuit Court

....**1**..   [ ] Juvenile and Domestic Relations District Court

In re: ....**2**..

The undersigned applicant requests the court to permit the applicant to proceed with a custody or visitation proceeding in this court without the payment of filing fees. In support of this application, the applicant states that the following information is true:

1. The undersigned applicant is a Virginia resident.

2. The following financial information applies to the applicant:

3
a. Receiving public assistance   [ ] No   [ ] Yes-See items checked below

[ ] Medicaid [ ] Supplemental security income   [ ] TANF   [ ] Food stamps

b. Take-home pay $ ....**4**..................... per [ ] week   [ ] every second week

[ ] twice a month   [ ] month

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

....**5**..

d. Assets   Cash on hand $ ....**6**.....................   Bank accounts $ ....**7**...................

e. Exceptional Expenses (Total Exceptional Expenses of Family)

Medical Expenses (List only unusual and continuing expenses) $ ....**8**....................

Court-ordered support payments/alimony $ ....**9**...................

Child Care payments $ ....**10**..................

Other (Describe on reverse) $ ....**11**..................

3. Other information

a. The number of people for whom the applicant provides support is: ....**12**......................

b. The number of persons residing with the applicant is: ....**13**...........................

.................................**14**...............................   _____**15**_____
DATE   SIGNATURE – APPLICANT

....**16**..
NAME OF APPLICANT

Acknowledged, subscribed and sworn to before me this day:

.................................**17**...............................   _____**18**_____
DATE   [ ] CLERK   [ ] DEPUTY CLERK [ ] INTAKE OFFICER

FOR NOTARY PUBLIC'S USE ONLY:
19
State of .... [ ] City [ ] County of ....

Acknowledged, subscribed and sworn to before me this .... day of .... , 20 ....

....   _____
NOTARY REGISTRATION NUMBER   NOTARY PUBLIC
                                                          (My commission expires: ....)

ORDER
20

The request to proceed without payment of filing fees is [ ] granted [ ] denied.

If this application is denied, the case will not be set for hearing until the applicable fee is paid to the clerk.

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

FORM DC-606 MASTER 11/07

Data Elements

1. Court name. Check the box for the type of court.

2. Style of case.

3. Check the applicable "no" or "yes" box to indicate whether the applicant is receiving public assistance. If yes is checked, check the box(es) that corresponds to the assistance received.

4. Insert the amount of take-home pay. Check the applicable box to indicate how often this amount is received.

5. Insert other sources of income and the amount received.

6. Insert the amount of cash the applicant has on hand.

7. Insert the amount of money in the applicant's bank accounts.

8. Insert the amount of unusual and continuing medical expenses.

9. Insert the amount of any court-ordered support the applicant pays.

10. Insert the amount of any childcare payments the applicant makes.

11. Insert that amount of any other continuing expenses the applicant must pay and describe those expenses on the reverse of the form.

12. Indicate the number of people the applicant supports.

13. Indicate the number of people who reside with the applicant.

14. Date the affidavit is signed.

15. Signature of applicant.

16. Print the name of the applicant.

17. Date the signature of the applicant is acknowledged.

18. Signature of person acknowledging the above signature. Check the applicable box under the signature line.

19. If acknowledgement taken by a notary public, all enclosed fields must be completed including notary's registration number and commission expiration date.

20. Check the applicable box to indicate whether the application has been granted or denied.

21. Date on which the order was signed.

22. Signature of judge.