## 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 [ ] Juvenile and Domestic Relations District Court 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: a. Receiving public assistance [ ] No [ ] Yes-See items checked below [ ] Medicaid [ ] Supplemental security income [ ] TANF [ ] SNAP (Food stamps) b. Take-home pay \$ ..... per [ ] week [ ] every second week [ ] twice a month [ ] month c. Other income, if any (specify sources and amounts): Cash on hand \$ ..... Bank accounts \$ d. Assets e. Exceptional Expenses (Total Exceptional Expenses of Family) Medical Expenses (List only unusual and continuing expenses) \$ ..... Court-ordered support payments/alimony \$ ..... \$ ..... Child Care payments Other (Describe on reverse) \$ ..... 3. Other information a. The number of people for whom the applicant provides support is: b. The number of persons residing with the applicant is: DATE SIGNATURE - APPLICANT NAME OF APPLICANT Acknowledged, subscribed and sworn to before me this day: [ ] CLERK [ ] DEPUTY CLERK [ ] INTAKE OFFICER DATE FOR NOTARY PUBLIC'S USE ONLY: State of [ ] City [ ] County of ...... NOTARY REGISTRATION NUMBER NOTARY PUBLIC (My commission expires: **ORDER** 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. JUDGE DATE