

**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

In re: _____

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):

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

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:

DATE

 CLERK DEPUTY CLERK INTAKE OFFICER

FOR NOTARY PUBLIC'S USE ONLY:

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

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.

DATE

JUDGE