

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to respondent.
 - c. Second copy – to petitioner.
 - d. Other copies as dictated by local practice.
2. Prepared by petitioner; acknowledged by clerk, deputy clerk, intake officer or notary public.
3. Attachments – Form DC-510, SUMMONS.
4. Preparation details
 - a. Use this form when support is sought in civil-type proceedings under § 16.1-241(A)(3). Use form DC-612, DESERTION/NON-SUPPORT PETITION (CRIMINAL) only if the petitioner can meet the burdens of proof in a criminal action under § 20-61 for desertion and/or non-support.
 - b. In completing Page 1, Data Element No. 10, it may be necessary to use a separate sheet to list where the dependents reside if all do not reside together.
 - c. In completing Page 2, Data Element Nos. 13, 14 and 15, the provisions for combined child/spousal (unitary) support, both current and arrearages, should be used only when such amounts requested are based on a prior court order in which a combined child spousal (unitary) support award was made.
 - d. In completing Page 2, Data Element No. 22, petitioner should be requested to promptly contact the Division of Child Support Enforcement (DCSE) to complete the application process if payment through the Virginia Department of Social Services is sought and the petitioner has not already contracted with DCSE for services.
 - e. Note that if a protective order has been issued or the petitioner alleges that there is a risk of harm from the other party, the personal information in Data Element No. 4 on page one (except for name) should not be included on this form, but instead should be included on district court form, DC-621, NON-DISCLOSURE ADDENDUM.

PETITION FOR SUPPORT (CIVIL)

Commonwealth of Virginia VA. CODE §§ 16.1-241(A)(3), 16.1-278.15, 20-88

CASE NO. 1
DCSE ID NO. 2
(to be added if DCSE is involved in case)

3 Juvenile and Domestic Relations District Court

4 PETITIONER v. 5 RESPONDENT

Box containing fields for Petitioner: Residential Address, Mailing Address, Social Security No., Driver's License No., Telephone No., Date of Birth, Employer, Employer's Address.

Fields for Respondent: Residential Address, Mailing Address, Social Security No., Driver's License No., Telephone No., Date of Birth, Employer, Employer's Address.

6 The petitioner's information in the above box is provided on a separate sheet because [] a protective order has been issued or [] the petitioner alleges that the petitioner is at risk of physical or emotional harm from the other party.

The undersigned Petitioner respectfully represents to the Court:

7 1. [] That the parties have never been married; [] That there is a court order adjudicating the paternity of one or more of the subjects of this petition. If so, attach a copy of the order. [] That the respondent and petitioner were lawfully married on DATE in CITY/COUNTY AND STATE. [] That the respondent and petitioner were divorced on DATE in CITY/COUNTY AND STATE. (attach divorce decree). [] Divorce pending in CITY/COUNTY AND STATE. [] That the respondent is at least 18 years of age and is a child of the parent named below.

8 2. [] That child custody has been adjudicated. If so, attach copy of the order. [] That an order concerning the support of the person(s) for whom the support is sought in this petition has been entered. (Attach most recent court order.) [] That no other case for support for the below-named person(s) has been filed in any other court.

9 3. That the respondent has a legal duty to provide support and maintenance for the following persons: Name Social Security Number 9 Date of Birth Relationship to Respondent

10 who resides at [] petitioner's address [] 10

4. Division of Child Support Enforcement [] is not involved in this case. 5. That support of the named persons who are the subject(s) of this petition is a subject of controversy or requires determination because:

11 12

and respondent
PERSON TO BE SUMMONED

Data Elements, page one

1. Court case number.
2. DCSE ID number if Division of Child Support Enforcement has any involvement in the case, even if nothing more than payment processing. See Data Element No. 11.
3. Name of court in which petition is filed.
4. Name, residential address, mailing address if different, social security number, driver's license number and state, home and work place telephone numbers, and date of birth of petitioner and name and address of petitioner's employer. If petitioner has obtained a protective order against the other party or alleges to be at risk of harm from the other party, the information (other than name) should be placed on district court form DC-621, NON-DISCLOSURE ADDENDUM.
5. Respondent's name, residential address, mailing address if different, social security number (if known), driver's license number and state, home and work place telephone numbers (if known), and date of birth and name and address of respondent's employer.
6. If petitioner requests that information in Data Element No. 4 (other than name) not be disclosed, check applicable box.
7. Check the appropriate boxes, and insert applicable information where appropriate.
8. Check the appropriate box or boxes.
9. Insert requested information regarding dependents for whom support is being claimed.
10. Check as applicable; if second box is checked, insert address where children reside. See Using This Form, 4.b.
11. Check the applicable box. See Data Element No. 2.
12. Description of the facts justifying the support claims.

PETITION FOR SUPPORT (CIVIL)

Case No. 1

6. A license, certificate, registration or other authorization to engage in a profession, business, trade, occupation, or recreational activity issued by the Commonwealth of Virginia is held by

TYPE OF LICENSE AGENCY GRANTING LICENSE LICENSE NO.

[] Respondent

[] Petitioner

7. A protective Order is currently in effect against the Respondent. [] Yes [] No. If yes, give name of court issuing the order, state and expiration date.

3 COURT ISSUING ORDER STATE EXPIRATION DATE PERSON(S) PROTECTED BY THE ORDER

The petitioner therefore prays that proper process be issued directing the respondent to appear and answer this petition in Court, and that the Court

4 A. [] Make a finding in its Order that the Respondent is the parent of the children named in this petition (paternity has not been previously established).

MOTHER'S NAME SSN MAIDEN NAME

RESPONDENT'S NAME SSN RACE

RESPONDENT'S DATE OF BIRTH PLACE OF BIRTH (STATE OR FOREIGN COUNTRY)

5 B. [] Order the Respondent to furnish support as follows:

6 [] Child support per guidelines

7 [] Child support in the amount of \$ 8 per 9 TIME PERIOD

10 [] Spousal support in the amount of \$ 11 per 12 TIME PERIOD

13 [] Combined child and spousal support in the amount of \$ 14 per 15 TIME PERIOD

16 [] Continuing support for a child who is (i) severely and permanently mentally or physically disabled; (ii) unable to live independently and support himself and (iii) resides in the home of the parent seeking support.

17 [] Support for a parent in necessitous circumstances 18 in the amount of \$ 19 per 20 21 as determined by the court.

C. Enter an order or require the Respondent to enter into an agreement creating a wage assignment or income deduction to enforce any orders entered in the case as the responding court deems appropriate.

D. Order that all payments be made

22 [] directly to the payee. [] to or through the Virginia Department of Social Services or its contractors.

23 E. [] Provide in the order that Respondent furnish health insurance coverage, including dental and ophthalmologic (eye-related) services, if available, for the dependents and for delivery of the documents necessary for the use of such coverage to the dependents.

24 F. [] Provide in the order that the parents share the cost of any reasonable and necessary unreimbursed medical or dental expenses for each child who is the subject of the obligation in proportion to their gross incomes.

25 G. [] Require the Respondent to post a performance bond.

26

Petitioner further requests the granting of such other and further relief as the law provides.

27

DATE

28

PETITIONER

The Petitioner appeared this date before the undersigned and, upon being duly sworn, made oath that the facts stated in the foregoing petition are true based on the Petitioner's knowledge.

29

DATE

30

[] CLERK [] INTAKE OFFICER

FOR NOTARY PUBLIC'S USE ONLY: 31

State of [] City [] County of

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

NOTARY REGISTRATION NUMBER

NOTARY PUBLIC (My commission expires:)

Data Elements, page two

1. Court case number.
2. Check appropriate box if applicable. If a box is checked, identify professional, occupational or recreational license held.
3. Check applicable box and give information regarding order, if "yes" is checked.
4. Check if mother and father of children are not married and paternity has not been previously adjudicated.
5. Check if applicable.
6. Check if support is requested pursuant to the support guidelines.
7. Check if a specific amount of support is requested.
8. If Data Element No. 7 is checked, enter amount requested.
9. If Data Element No. 7 is checked, enter payment interval.
10. Check box if spousal support is requested.
11. If Data Element No. 10 is checked, then enter amount of spousal support requested.
12. If Data Element No. 10 is checked, enter payment interval.
13. Check if a combined child and spousal support is requested.
14. If Data Element No. 13 is checked, enter amount requested.
15. If Data Element No. 13 is checked, enter payment interval.
16. Check if applicable.
17. Check if support for a parent in necessitous circumstances is requested. See Data Element No. 7 for allegation that respondent is at least 18 years old and child of the named parent.
18. If Data Element No. 17 is checked, check this box if requesting a specific amount of support.
19. If Data Element No. 18 is checked, enter amount requested.
20. If Data Element No. 18 is checked, enter payment interval.
21. If Data Element No. 17 is checked, check this box if requesting that the court determine proper parental support payment amount.
22. Check how the petitioner wants payments handled.
23. Check if health insurance coverage is being sought.
24. Check if petitioner is requesting that medical and dental expenses be shared.
25. Check if petitioner is requesting that respondent must post performance bond.
26. Insert additional requested support relief.
27. Date of signing.
28. Signature of petitioner.
29. Date of acknowledgement.
30. Signature of person taking acknowledgement. Check the appropriate box below the signature line.
31. If acknowledgement taken by notary public, complete the box. Include notary public's registration number, date and location of notarization, and expiration date of notary's commission.