

**RESPONDENT'S REQUEST FOR INCOME DEDUCTION ORDER** Case No.: \_\_\_\_\_

Commonwealth of Virginia VA. CODE § 20-79.1 DCSE No.: \_\_\_\_\_

Juvenile and Domestic Relations District Court

\_\_\_\_\_  
 PETITIONER V. RESPONDENT

\_\_\_\_\_  
 ADDRESS ADDRESS

\_\_\_\_\_  
 SOCIAL SECURITY NUMBER SOCIAL SECURITY NUMBER

I, the undersigned Respondent, state that the following is my court-ordered periodic support payment in this case:

\$ \_\_\_\_\_ current support } payable:  
 \$ \_\_\_\_\_ applied to arrearages }  
 weekly \_\_\_\_\_ } regular pay dates  
 bi-weekly \_\_\_\_\_ }  
 semi-monthly \_\_\_\_\_ }  
 monthly \_\_\_\_\_ }

OTHER PAY INTERVAL AND REGULAR PAY DATES

I am also ordered to provide health care coverage for the following persons:

NAME	STATUS (check applicable box)			Payment Priority
	Dependent Child	Current Spouse	Former Spouse	
1. _____				Support Health care coverage
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				

Support of other dependents:

I am not providing support to another spouse or another dependent child other than such spouse and/or dependent child(ren) for whom support is to be provided through this case.

I am providing support to these other spouse(s) and/or child(ren) for whom no support is provided through this case:

I hereby request this court to enter an Income Deduction Order for the withholding from my income of.

\$ \_\_\_\_\_ current support \$ \_\_\_\_\_ to be applied to arrearages

My employers are:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 NAME NAME

\_\_\_\_\_  
 ADDRESS ADDRESS

whose normal pay dates are

whose normal pay dates are

same as above different from above in that I am paid  
 weekly semi-monthly  
 bi-weekly monthly \_\_\_\_\_  
 with paydays being \_\_\_\_\_  
 NORMAL PAYDAY

same as above different from above in that I am paid  
 weekly semi-monthly  
 bi-weekly monthly \_\_\_\_\_  
 with paydays being \_\_\_\_\_  
 NORMAL PAYDAY

I also waive notice of a hearing on the matter. \_\_\_\_\_