

**REQUEST TO WAIVE BOND
(CELEBRATE RITES OF MARRIAGE)**

Case No.

COMMONWEALTH OF VIRGINIA VA.CODE §§ 17.1-606; 20-25

VIRGINIA: In the Circuit Court of the [] City [] County of

Petitioner's Name
 LAST FIRST MIDDLE SUFFIX

The undersigned petitioner requests that any bond required pursuant to § 20-25 of the Code of Virginia be waived. In support of this request, the petitioner states that the following information is true:

- I currently receive the following type(s) of public assistance in
CITY/COUNTY
- TANF \$ Medicaid Supplemental Security Income \$
- SNAP (food stamps) \$ Other (specify type and amount)
- I currently do not receive public assistance.
- I am represented in this matter by a legal aid society, an attorney appearing as counsel *pro bono*, or an attorney assigned to me or referred by a legal aid society.

Names and address of employer(s) for myself and spouse:

Self

Spouse

NET INCOME:	Self	Spouse	
Pay period (weekly, every second week, twice monthly, monthly)	
Net take home pay (salary/wages, minus deductions required by law and tax withholdings)	\$	
Other income sources (please specify)	\$	
			<small>COURT USE ONLY</small>
TOTAL INCOME	\$	+	= A

LIQUID ASSETS:			
Cash on hand	\$	
Bank Accounts at:	\$	
Any other liquid assets: (please specify)			
with a value of	\$	
			<small>COURT USE ONLY</small>
TOTAL ASSETS	\$	+	= B

..... Number in household I have financial responsibility for, including myself.

EXCEPTIONAL EXPENSES (Total Exceptional Expenses of Family)

- Medical Expenses (list only unusual and continuing expenses) \$
- Court-ordered support payments/alimony \$
- deducted from paycheck not deducted from paycheck
- Child-care payments (e.g. day care) \$
- Other (describe):

} \$			<small>COURT USE ONLY</small>
TOTAL EXPENSES	\$	=	 C
COLUMN "A" plus COLUMN "B" minus			
COLUMN "C" equals available funds		=	

ACKNOWLEDGEMENT

I understand that the court cannot provide me with legal advice, and that it may be advisable to get advice from a lawyer.

.....

DATE

SIGNATURE – PETITIONER

.....

PRINT NAME –PETITIONER

.....

RESIDENCE ADDRESS OF PETITIONER