

**PETITION AND ORDER FOR APPROVAL
OF JAIL FEES PAYMENT AGREEMENT**
Commonwealth of Virginia VA. CODE § 53.1-127.3

Case No.

HEARING DATE/TIME:
.....

..... General District Court

..... ADDRESS OF COURT

..... PETITIONER

V.

..... RESPONDENT

..... ADDRESS

..... ADDRESS

..... TELEPHONE NUMBER

Petitioner respectfully requests that this court, pursuant to Virginia Code § 53.1-127.3, approve the deferred or installment payment agreement established by the petitioner, as the respondent is unable to pay in full the jail fees owed to the petitioner pursuant to Virginia Code § 53.1-131.3. A copy of the deferred or installment payment agreement is attached hereto.

..... DATE

..... PETITIONER

Respondent agrees does not agree with the deferred or installment payment agreement.

..... DATE

..... RESPONDENT

NOTICE OF HEARING (CLERK USE ONLY)

TO:
RESPONDENT

A hearing on this PETITION will be held in this court on
HEARING DATE AND TIME

..... DATE

..... CLERK DEPUTY CLERK

Copy of NOTICE OF HEARING sent to petitioner.
DATE

..... INITIALS

ORDER

The court grants the petition, and the deferred or installment payment agreement for fees owed to the petitioner pursuant to Virginia Code § 53.1-131.3 is

approved as submitted.

approved with the following revisions:
.....
.....

Petition denied.

Petition dismissed.

..... DATE

..... JUDGE

RETURNS: The respondent was served according to law, as indicated below, unless not found.

Name	
Address	
.....	
<input type="checkbox"/> Personal Service	Tel. No.
<input type="checkbox"/> Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on the Secretary of the Commonwealth	
<input type="checkbox"/> Not found	_____ SERVING OFFICER
..... for _____ DATE	