

**COURT CASE FORMS –
CIVIL**

DC-400 SERIES

**DISTRICT COURT MANUAL
FORMS VOLUME**

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to plaintiff/petitioner/first parent.
 - c. Second copy – to defendant/respondent/second parent.
2. Prepared by clerk for judge’s signature or by judge.
3. Attachments – none.
4. Preparation details – This form is to be used when a court refers the parties before it to a mediation orientation.

MEDIATION ORIENTATION ORDER OF REFERRAL

Case No. 1

Commonwealth of Virginia
Va. Code §§ 8.01-576.5 through 8.01-576.12

[] General District Court [] Circuit Court
[] Juvenile & Domestic Relations District Court

2
CITY/COUNTY

In Re: 3

4 v. 5
NAME OF PLAINTIFF/PETITIONER/PARENT NAME OF DEFENDANT/RESPONDENT/PARENT

ADDRESS ADDRESS

HOME TELEPHONE NUMBER OFFICE TELEPHONE NUMBER HOME TELEPHONE NUMBER OFFICE TELEPHONE NUMBER

The Court has determined that this matter on the attached petition(s) or other pleading, which is currently before the Court as a contested civil matter, is appropriate for referral to a dispute resolution proceeding. It is hereby ORDERED that:

1 Pursuant to the provisions of Virginia Code § 8.01-576.5 of the Code of Virginia, as amended, the matter is referred to a dispute resolution orientation session, for which there shall be no cost to the parties. The preliminary orientation session is to be conducted by

6 [] 7
NAME OF CERTIFIED MEDIATOR, Certified Mediator, at
7
ADDRESS OF CERTIFIED MEDIATOR TELEPHONE NUMBER

[] a neutral or dispute resolution program selected by the parties, to allow the parties to decide whether to attempt resolution of their dispute through mediation or other alternative process.

8 2. [] The orientation shall be conducted at a time and location convenient to the parties, to be set by the mediator no later than 30 days from the entry of this order OR [] the orientation session will be held on DATE

9 3. The issues to be mediated include

4. A description of procedures for referral to a dispute resolution proceeding is on the reverse and incorporated into this Order by reference.

5. Irrespective of this referral, this case has been set for return to court in accordance with the Court's normal docketing procedures on 10 DATE at 10 TIME m.

The Court must be informed in writing if the dispute is resolved prior to the return date or if a continuance is requested to further pursue a dispute resolution proceeding. Otherwise, the parties shall appear in court at that time.

11
DATE

12
JUDGE

TO BE COMPLETED BY CERTIFIED MEDIATOR

13 [] Agreement reached in mediation
[] copy attached.
[] copy to be forwarded by parties or counsel.

14 [] Agreement not reached in mediation.
15 [] No orientation session or mediation occurred.

16
DATE

17
CERTIFIED MEDIATOR

Data Elements

1. Court case number.
2. Name of locality and check box for appropriate court.
3. Name of case if it is “in re” case.
4. Name, address and telephone numbers of plaintiff/petitioner/parent.
5. Name, address and telephone number of defendant/respondent/parent.
6. Check appropriate box to indicate whether the parties are being sent to a specific mediator or will select their own.
7. Name, address and phone number of certified mediator if the court is sending the parties to a specific mediator.
8. Date on which or time within which mediation evaluation session to be held.
9. Describe the issues to mediated.
10. Date and time of return to court.
11. Date of entering of order.
12. Signature of judge.
13. If mediation agreement reached, check to indicate whether agreement is attached or is to be forwarded.
14. Check to indicate if no mediate agreement has been reached.
15. Check if no evaluation session or mediation occurred.
16. Date completed by mediator.
17. Signature of mediator.

PROCEDURES FOR REFERRAL TO A DISPUTE RESOLUTION PROCEEDING

1. If any party objects to this ORDER OF REFERRAL, a written statement signed by such party must be filed with this Court within fourteen (14) days after the entry of this ORDER. The statement must indicate that the dispute resolution process has been explained to the party and that he or she objects to the Court's ORDER OF REFERRAL.
2. If no objection is filed to the ORDER within fourteen days, and the parties do not accept the referral to a particular neutral or program offered by the Court, the parties and their attorneys are directed to select a neutral to conduct the orientation session.
3. Referral to the dispute resolution orientation session has no impact on the docketing procedures followed by this court and this case either has been or will be set for trial in accordance with normal docketing procedures.
4. Attorneys for any party may be present at the dispute resolution orientation session.
5. After the orientation session, further participation in the dispute resolution proceeding shall be by consent of all parties. The decision to proceed shall be made at the close of the orientation session or no more than ten days after the orientation session.
6. If the parties choose to proceed with mediation or some other alternative dispute resolution mechanism, they may proceed with the neutral who conducted the orientation session or select another neutral. A Directory of Court Certified Mediators is maintained for this purpose on the court's website at www.courts.state.va.us, or a party may contact the clerk's office where the matter is pending. The parties and their attorneys have seven days to agree upon a neutral or dispute resolution program on the list. If they cannot agree, they may request that the Court select a neutral or dispute resolution program from the list. The Court shall make such referral on the basis of a fair and equitable rotation, in accordance with the statute.
7. Any payment for the services of a mediator or other neutral following the no-cost orientation session shall be made by the parties. All costs and fees associated with the services shall be disclosed to the parties prior to the services being provided.
8. Upon request of a party, the Court shall inquire as to the availability of a neutral or dispute resolution program from the list that will provide services at no cost to the parties.
9. Regardless of the method of resolution selected by the parties, the case will proceed along the same time line as if the referral to the dispute resolution proceeding had never occurred. Thus, if the parties elect to proceed with mediation, they may be required to request that the Court grant a continuance to allow them to complete that process prior to any trial date set by the Court.

Using This Form

This form was created to address the special responsibilities of guardian *ad litem* appointed by general district courts pursuant to Virginia Code § 8.01-9.

1. Copies
 - a. Original – to court.
 - b. First copy – to attorney appointed as guardian *ad litem*.
 - c. Copy to individual named in Data Element No. 7.
2. Prepared by clerk; signed by judge.
3. Attachments – none.
4. Preparation details

This form may be used in all types of cases in general district court where there exists a need to appoint a guardian *ad litem*, including incompetency or incarceration. It may also be used to appoint a guardian *ad litem* for an alcoholic in habitual offender adjudications pursuant to Virginia Code § 46.2-351.2

ORDER FOR APPOINTMENT OF GUARDIAN AD LITEM

Commonwealth of Virginia Va. Code § 8.01-9

Case No. **1**

..... **2** Court
CITY OR COUNTY

3 [] Commonwealth of Virginia
In re:

..... **4**
JUVENILE

5 []
PLAINTIFF

v.

..... **6**
DEFENDANT

It appearing that the

7 { [] Juvenile
[] Plaintiff
[] Defendant
[]

is a person under the following disability:

..... **8**

and clearly unable to protect and represent his or her interests adequately in this proceeding; and it further appearing that his or her interests are separate and distinct from those of all other parties to the proceeding, and

..... **9**, Attorney at Law, is hereby appointed as Guardian *ad Litem*
NAME OF ATTORNEY

to protect and represent the interests of the above-named person in connection with all proceedings involved in this matter.

..... **10**
NEXT COURT HEARING DATE AND TIME

..... **11**
DATE

..... **12**
JUDGE

Data Elements

1. Court case number.
2. Jurisdiction.
3. Check box if applicable.
4. Name of juvenile, if applicable.
5. Name of plaintiff.
6. Name of defendant.
7. Check box indicating for whom the guardian *ad litem* is appointed, and name if appropriate.
8. Indicate the disability of the ward.
9. Name of attorney appointed as guardian *ad litem*.
10. Date and time of next hearing in the case.
11. Date of entry of order.
12. Judge's signature.

Using This Revisable PDF Form

This form was developed for use in cases where a plaintiff wants to file a civil claim for a judgment for money in the small claims division of the general district court. A case may be filed in the small claims division only when the amount claimed is \$5,000 or less.

1. Copies
 - a. Original -- to court.
 - b. First copy -- to defendant. If more than one defendant, provide a copy for *each* defendant.
 - c. Second copy -- to plaintiff.
2. All but Case Disposition prepared by plaintiff (claim, parties and court name and address) and clerk (Data Element Nos. 3, 4, 5, 27, 28 and 32). Case disposition prepared by judge.
3. Attachments
 - a. Form DC-413, CERTIFICATE OF MAILING, or its equivalent -- if filed by plaintiff.
 - b. Form DC-325, REQUEST FOR WITNESS SUBPOENA -- if completed before this form is issued.
4. Preparation details
 - a. This form merges the application (claim) and civil warrant onto one form so that all but a few data elements needed for issuing the civil warrant are prepared by the plaintiff.
 - b. The data elements for service of process on the reverse of the WARRANT IN DEBT are to be completed for each defendant who is served.
 - c. In lieu of a separate certificate of mailing, the plaintiff may complete data element Nos. 10 and 11 on the reverse of the form if the mailing to defendants occurs at or prior to filing of the warrant.
 - d. Generally, a party may not be represented by an attorney in small claims cases. However, the defendant's attorney may enter an appearance to request removal to general district court.

WARRANT IN DEBT — SMALL CLAIMS DIVISION

Commonwealth of Virginia VA. CODE § 16.1-79; 16.1-122.3

1

General District Court

CITY OR COUNTY

2

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summon the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

3

to answer the Plaintiff(s)' civil claim (see below)

RETURN DATE AND TIME

4

DATE ISSUED

5

[] CLERK [] DEPUTY CLERK [] MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

6

7

8

\$ net of any credits, with interest at% from until paid.

INTEREST RATE

DATE FROM WHICH IS DUE

\$ **9** costs with the basis of this claim being

COSTS

10 [] Open Account [] Contract [] Note [] Other (EXPLAIN)

11 HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] cannot be demanded

12

DATE

13

[] PLAINTIFF [] PLAINTIFF'S EMPLOYEE

CASE DISPOSITION

14 [] JUDGMENT that the Plaintiff(s) recover against [] named Defendant(s) []

15

16

17

\$ net of any credits, with interest at% from until paid.

INTEREST RATE

DATE FROM WHICH IS DUE

\$ **18** costs

COSTS

19 HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] CANNOT BE DEMANDED

[] JUDGMENT FOR **20** NAMED DEFENDANT(S) []

[] NON-SUIT **21** DISMISSED

Defendant(s) Present? **22** YES

23 NO

24 Indemnifying bond of \$ [] secured [] unsecured required for lost instrument
(Va. Code § 8.01-32)

25

DATE

26

JUDGE

RETURN DATE

27

CASE NO.

28

29

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

30

v.

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

NEXT HEARING
DATE AND TIME

32

**WARRANT IN DEBT—
SMALL CLAIMS DIVISION**

* * *

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. By law, this case must be tried on the return date above unless all parties agree upon a different date for trial. Other continuances shall be granted by the court only for good cause shown.

* * *

31

Grounds of Defense
ORDERED DUE

JUDGMENT PAID OR
SATISFIED PURSUANT
TO ATTACHED NOTICE
OF
SATISFACTION

33

DATE

DISABILITY ACCOMMODATIONS for loss of hearing, vision, mobility, etc., contact the court ahead of time.

34

CLERK

Data Elements, front

- 1. Court name.
- 2. Court street address.

To be completed by the clerk:

- 3. Return date and time (date and time of scheduled appearance, cannot exceed sixty days from service).
- 4. Date of issuance of this WARRANT IN DEBT.
- 5. Signature of person issuing this WARRANT IN DEBT. Check the appropriate title box below in the signature line.

- 6. Principal amount of claim.
- 7. Interest rate(s) claim stated in annual percentage rates.
- 8. Date from which interest is requested.
- 9. Amount of court costs claimed in this case.
- 10. Check the basis of the claim. If “other” is checked, describe the basis of the claim.
- 11. Check the appropriate box regarding homestead exemption status.
- 12. Date of signing of claim.
- 13. Signature of person filing the claim. Check the appropriate title box below signature line.

To be completed by judge at time of trial:

- 14. Check the last box and enter names of defendants *only* if judgment is entered against fewer than all defendants. If judgment is entered against all defendants, check first box.
- 15. Amount of judgment principal.
- 16. Annual percentage rate.
- 17. Date from which interest runs.
- 18. Court costs assessed against the defendant.
- 19. Check the appropriate box to indicate homestead exemption status.

To be completed by judge at time of trial (cont'd):

- 20. Check the first box if judgment for all defendants is entered. If judgment for fewer than all defendants, also name the defendants for whom judgment is entered.
- 21. Check if a nonsuit is entered.
- 22. Check if the case is dismissed as to all defendants. If dismissal is for fewer than all defendants, also name the defendants for whom the case is dismissed.
- 23. Check the applicable box. If there are multiple defendants and not all were present, list names of those present.
- 24. If the case was based on a lost note and an indemnifying bond is required, check box and indicate whether the bond must be secured or unsecured.
- 25. Date of entry of judgment.
- 26. Signature of judge.

To be completed by clerk or judge upon filing:

- 27. Return date.
- 28. Court case number.
- 29. Names and addresses of plaintiff(s).
- 30. Names and addresses of defendant(s).

To be completed by the judge, if applicable:

- 31. If judge orders filing of grounds of defense, insert the appropriate dates.

To be completed by clerk or judge upon granting of continuance:

- 32. Space for noting continuance dates, if applicable.

For court use only:

- 33. Date on which a notice of satisfaction is received.
- 34. Initials of the clerk or deputy clerk who noted date of receipt of a notice of satisfaction.

Transfer to Another Locality: If the Defendant believes that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the top right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If mailed to court, you will be notified of the judge's decision.

	1	
	NAME	
	
	2	
	ADDRESS	
	
3	<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 relations of recipient to party named above. 5	
4	<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 Secretary of the Commonwealth <input type="checkbox"/> Served on Clerk of the State Corporation Commission.	
6	<input type="checkbox"/> NOT FOUND	7
		SERVING OFFICER
	8	9
	..... DATE	for

	1	
	NAME	
	
	2	
	ADDRESS	
	
3	<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 relations of recipient to party named above. 5	
4	<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 Secretary of the Commonwealth <input type="checkbox"/> Served on Clerk of the State Corporation Commission.	
6	<input type="checkbox"/> NOT FOUND	7
		SERVING OFFICER
	8	9
	..... DATE	for

REMOVAL TO GENERAL DISTRICT COURT

I, the undersigned defendant, am exercising my right to remove this case to the general district court of this jurisdiction by signing and giving this notice to this court before the case is decided.

12	13
.....
DATE	[] DEFENDANT [] ATTORNEY FOR DEFENDANT

14 oral written notice of removal has been received this day in this small claims division.

15	16
.....
DATE	[] CLERK [] JUDGE

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on	
10	11
.....
DATE	[] PLAINTIFF [] PLAINTIFF'S EMPLOYEE

Data Elements, reverse

1. Name of person to be summoned. If person is a corporation's registered agent, show name of corporation on second line.
2. Address and telephone number of person to be summoned.

To be completed by serving official:

3. Check this box if personal service obtained.
4. Serving officer to check the appropriate box to designate type of substitute service.
5. If served by leaving the warrant in debt process with a family member age 16 or older, check appropriate box and insert required information.
6. Check this box if unable to serve process.
7. Signature of serving officer.
8. Date of signature.
9. Name of sheriff if served by deputy sheriff.

10. Date that plaintiff mailed copy of pleading to defendant.
11. Signature of person mailing the pleading. Check appropriate box below signature line.
12. If applicable, date on which defendant or the attorney for defendant signed request for removal.
13. If applicable, signature of person requesting removal. Check appropriate box to indicate whether the signature is that of the defendant or of the attorney for the defendant.
14. Check appropriate box.
15. Date on which request for removal was received.

To be completed by judge or clerk, if applicable:

16. Signature of clerk or judge receiving request for removal. Check appropriate title box.

(CIVIL CLAIM FOR SPECIFIC PERSONAL PROPERTY)

Using This Form

This form was developed for use in cases where the plaintiff wants to file a civil claim for return of property in the small claims division of the general district court. A case may be filed in the small claims division only when the value of the property sought is worth \$5,000 or less.

1. Copies
 - a. Original – to court.
 - b. First copy – to defendant. If more than one defendant, provide a copy for each defendant.
2. All but Case Disposition are prepared by plaintiff (claim, parties, and court name and address) and clerk (Data Element Nos. 3, 4, 5, 30 and 34). Case Disposition prepared by judge.
3. Attachments
 - a. District court form DC-413, CERTIFICATE OF MAILING POSTED SERVICE, or its equivalent – if filed by plaintiff.
 - b. District court form DC-325, REQUEST FOR WITNESS SUBPOENA – if completed before this form is issued.
4. Preparation details
 - a. This form merges the application (claim) and civil warrant onto one form so that all but a few data elements needed for issuing the civil warrant are prepared by the plaintiff.
 - b. The alternative value must always be given even if the plaintiff wants only to recover the items rather than recovering the items or their alternate value since the alternate value is used to determine if the claim is within the jurisdictional limits of the general district court small claims division.
 - c. The data elements for service of process on the reverse of this form are to be completed for each defendant who is served.
 - d. In lieu of a separate certificate of mailing, the plaintiff may complete Data Element Nos. 10 and 11 on the reverse of this form if the mailing to defendants occurs at or prior to filing of the warrant.
 - e. Generally, a party may not be represented by an attorney in small claims cases. However, the defendant's attorney may enter an appearance to request removal to general district court.

**WARRANT IN DETINUE – SMALL CLAIMS DIVISION
(CIVIL CLAIM FOR SPECIFIC PERSONAL PROPERTY)**

Commonwealth of Virginia

VA. CODE §§ 16.1-79; 16.1-122.3

1 General District Court

2
STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are commanded to summon the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

3 to answer the Plaintiff(s)' claim (see below).
RETURN DATE AND TIME

4 **5**
DATE ISSUED [] CLERK [] DEPUTY CLERK [] MAGISTRATE

CLAIM: Plaintiff(s) claim the item(s) below to be unjustly withheld from Plaintiff's possession by Defendant(s).

ITEM	ALTERNATE VALUE	ITEM	ALTERNATE VALUE
1. 6	7	4. 6	7
2.		5.	
3.		6.	
\$ 8 TOTAL ALTERNATE VALUE	\$ 9 DAMAGES CLAIMED DUE TO UNJUST DETENTION	\$ 10 COSTS	

11 Plaintiffs seek possession of the items listed above, or their alternative values, damages resulting from the unjust detention of the items by Defendant(s) as indicated. The alternate values given are based upon actual value [or] amount due on written contract of sale which the items were offered as security.

12 THE BASIS OF CLAIM IS: WRITTEN CONTRACT OF SALE OTHER (EXPLAIN)

13 HOMESTEAD EXEMPTION WAIVED? YES NO CANNOT BE DEMANDED

14 **15**
DATE [] PLAINTIFF [] PLAINTIFF'S EMPLOYEE

16 JUDGMENT that Plaintiff(s) recover against named Defendant(s)
possession of each item listed above, or its alternate value as shown above, at the election of **17** Plaintiff(s) [or]

17 Defendant(s), (if made within days, then at election of Plaintiff), with the exception of the following item nos. **18**
(\$ **19** Total Alternate Value Recoverable): \$ **20** damages with interest: **21**
\$, \$ **22** costs.

23 HOMESTEAD EXEMPTION WAIVED: YES NO CANNOT BE DEMANDED

24 JUDGMENT FOR NAMED DEFENDANT(S)

25 NON-SUIT **26** DISMISSED

27 DEFENDANT(S) PRESENT? YES NO

28 **29**
DATE JUDGE

RETURN DATE **30** CASE NO. **31**

32
PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

.....

.....

.....

v.

33
DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

.....

.....

.....

**WARRANT IN DETINUE –
SMALL CLAIMS DIVISION**

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. By law, this case must be tried on the return date above unless all parties agree upon a different date for trial. Other continuances shall be granted by the court only for good cause shown.

Grounds of Defense **34**
ORDERED DUE

(CIVIL CLAIM FOR SPECIFIC PERSONAL PROPERTY)

Data Elements, page one

1. Court name.

2. Court street address.

To be completed by clerk:

3. Return date and time (date and time of scheduled appearance).

4. Date of issuance of this Warrant in Detinue.

5. Signature of person issuing this Warrant in Detinue. Check the appropriate title box.

6. List each item claimed.

7. List the alternative value of each item claimed.

8. Total of alternative values from Data Element No. 7.

9. Total damages from alleged unjust detention.

10. Amount of costs claimed.

11. Check the basis used to determine alternative value.

12. Check the basis of this claim. If "other" is checked, describe the basis of the claim.

13. Check the appropriate box regarding homestead exemption status.

14. Date of signing of claim.

15. Signature of person filing the claim. Check the appropriate title box below the signature line.

To be completed by judge at trial:

16. Check the last box and enter names of defendants only if judgment is entered against less than all defendants. If judgment is entered against all defendants, check first box.

17. Check the party authorized to make the election. If election given to defendant, insert number of days within which defendant must make election.

To be completed by judge at trial (con'd):

18. List the items described in Data Element No. 6 by line number that are not subject to election.

19. Insert total alternative value recoverable by plaintiff against defendant.

20. Principal amount of damages.

21. Insert rate in annual percentage rate and date from which interest runs.

22. Court costs assessed against the defendant.

23. Check the appropriate box.

24. Check the first box if judgment for all defendants is entered. If judgment for less than all defendants, also name the defendants for whom the case is entered.

25. Check if a nonsuit is entered.

26. Check if the case is dismissed as to all defendants. If dismissal is for less than all defendants, also name the defendants for whom the case is dismissed.

27. Check the applicable box. If there are multiple defendants and not all were present, list names of those present.

28. Date of entry of judgment.

29. Signature of judge.

To be completed by clerk at time of filing:

30. Hearing date and time.

31. Court case number.

32. Names and address of plaintiffs.

33. Names and address of defendants.

To be completed by judge if applicable:

34. If judge orders filing of grounds of defense, insert the appropriate dates.

Transfer to Another Locality: If the Defendant believes that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the top right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If mailed to the court, you will be notified of the judge's decision.

	1	NAME
	
	2	ADDRESS
	
3	<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
	<input type="checkbox"/> Being unable to make personal service, a copy was delivered in the following manner:	
5	<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.	
	
	
4	<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 Secretary of the Commonwealth	
	<input type="checkbox"/> Served on Clerk of the State Corporation Commission.	
6	<input type="checkbox"/> NOT FOUND	7
		SERVING OFFICER
	8	for style="text-align: center;">9
	DATE	

		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 Secretary of the Commonwealth	
	<input type="checkbox"/> Served on Clerk of the State Corporation Commission.	
	<input type="checkbox"/> NOT FOUND	7
		SERVING OFFICER
	8	for style="text-align: center;">9
	DATE	

REMOVAL TO GENERAL DISTRICT COURT

I, the undersigned defendant, am exercising my right to remove this case to the general district court of this jurisdiction by signing and giving this notice to this court before the case is decided.

.....**12**.....
DATE

.....**13**.....
 DEFENDANT ATTORNEY FOR DEFENDANT

14 oral written notice of removal has been received this day in this small claims division.

.....**15**.....
DATE

.....**16**.....
 CLERK JUDGE

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on	
..... 10.....	.....11
DATE	<input type="checkbox"/> Plaintiff
	<input type="checkbox"/> Plaintiff's Employee

Data Elements, page two

1. Name of person to be summoned. If person is a corporation's registered agent, show name of corporation on second line.
2. Address and telephone number of person to be summoned.

To be completed by serving official:

3. Check this box if personal service obtained.
4. Serving officer to check the appropriate box to designate type of substitute service.
5. If served by leaving the subpoena with a family member age 16 or older, check appropriate box and insert required information.
6. Check this box if unable to serve process.
7. Signature of serving officer.
8. Date of signature.
9. Name of sheriff if served by deputy sheriff.

10. Date that plaintiff mailed copy of pleading to defendant.
11. Signature of person mailing the pleading. Check appropriate box for title of person.
12. If applicable, date on which defendant or the attorney for the defendant signed request for removal.
13. If applicable, signature of person requesting removal. Check appropriate box to indicate whether the signature is that of the defendant or the attorney for the defendant.
14. Check appropriate box.
15. Date on which request for removal was received.

To be completed by judge if applicable:

16. Signature of clerk or judge receiving request for removal. Check appropriate title box.

Using This Form

This master form is for use when an individual who is an employee of a public safety agency or a victim or witness to a crime wishes to petition the court to have someone else undergo testing for HIV or Hepatitis B virus and consent for testing has been withheld.

1. Copies –
 - a. Original – to court after service on respondent and local Health Department Director.
 - b. First copy – to respondent.
 - c. Second copy – to petitioner.

Because this form is a master form, copies will have to be made by photocopying.

2. Prepared by petitioner; summons prepared by magistrate or clerk. Order signed by judge.
3. Attachments – none.
4. Preparation details
 - a. The record of the case, including the petition and order, is to be sealed.
 - b. The local Health Department Director shall advise the court as to the existence of an “exposure-prone incident,” so a copy of the petition is served on him after filing.

PETITION TO TEST BLOOD-BORNE PATHOGENS

Commonwealth of Virginia

VA. CODE § 32.1-45.2

3

General District Court

4

ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are commanded to summon the Respondent, and the **5** Health Department.

TO THE RESPONDENT: You are summoned to appear before this court at the above address on **6** to answer the Petition's claim.

7 DATE AND TIME

8 [] CLERK [] DEPUTY CLERK [] MAGISTRATE

The undersigned petitioner is:

[] an employee, as that term is defined in Virginia Code § 32.1-45.2(J), of the public safety agency who has potentially been exposed to a blood-borne pathogen and pursuant to Va. Code § 32.1-45.2(B) consent for testing has been refused or the individual who is the basis of the exposure is deceased and consent for testing has been refused by decedent's next of kin.

9 [] an agent of a public safety agency whose employee has potentially been exposed to a blood-borne pathogen and pursuant to Va. Code § 32.1-45.2(B) consent for testing has been refused or the individual who is the basis of the exposure is deceased and consent for testing has been refused by the decedent's next of kin.

[] a person potentially exposed to a blood-borne pathogen pursuant to Virginia Code § 32.1-45.2(C) and consent for testing of the public safety agency employee has been refused.

Therefore, the undersigned petitions this court to determine whether an exposure prone incident, as defined in Va. Code § 32.1-45.2(L) has occurred, and to order testing and disclosure of the test results to me.

Date of alleged exposure: **10**

Place of alleged exposure: **11**

Name and address of the individual whose body fluids I desire to have tested: **12**

13 I request testing for [] Human Immunodeficiency virus [] Hepatitis B virus [] Hepatitis C virus.

Date: **14**

Signature of Petitioner: **15**

ORDER

23 [] I find by a preponderance of the evidence after being advised by the State Health Commissioner or his designee that an exposure prone incident as defined in Va. Code § 32.1-45.2(L) has occurred, and I order testing for blood-borne pathogens as requested in the petition. The test results shall be disclosed to the petitioner as soon as they are completed. **25**

24 [] Respondent is ordered to appear at on **26** at **27** m. for such testing. FACILITY NAME DATE TIME

28 [] I do not find by a preponderance of the evidence after being advised by the State Health Commissioner or his designee that an exposure prone incident as defined in Va. Code § 32.1-45.2(L) has occurred, and I order the petition dismissed.

I order the record of this case to be sealed. **29** DATE

30 JUDGE

Court Case No. **1**

Hearing Date and Time: **2**

16
PETITIONER

17
ADDRESS

18
PETITIONER'S TITLE IF AN AGENT OF A PUBLIC SAFETY AGENCY

V.
19
RESPONDENT

20
ADDRESS

ATTORNEY FOR THE PETITIONER:
21

ATTORNEY FOR THE RESPONDENT:
22

Data Elements, page one

1. Court case number.
2. Hearing date and time.
3. Enter the jurisdiction of court.
4. Enter the court address.
5. Name of appropriate health department.
6. Date and time of hearing.
7. Date summons issued.
8. Signature of clerk or magistrate issuing summons. Check appropriate box.
9. Check box that corresponds to basis for petition.
10. Date of alleged exposure to virus.
11. Place exposure to virus occurred.
12. Name and address of person who will be subject to testing.
13. Check appropriate box that corresponds to type of test request.
14. Date of petitioner's signature.
15. Petitioner's signature.
16. Petitioner's name.
17. Petitioner's address.
18. Petitioner's title if an agent of a Public Safety Agency. (*see* Virginia Code § 32.1-45.2).
19. Respondent's name.
20. Respondent's address.
21. Name of petitioner's attorney.
22. Name of respondent's attorney.
23. Check if petition is granted.
24. Check if respondent ordered to undergo testing.
25. Enter name of facility (hospital, public health department) respondent is ordered to appear.
26. Enter the date respondent is ordered to appear on for testing.
27. Enter the time respondent is ordered to appear for testing.
28. Check if petition denied.
29. Date of judge's signature.
30. Judge's signature.

RETURNS: Each person was served according to law, as indicated below, unless not found.

NAME **1**

.....

ADDRESS

.....

PERSONAL SERVICE Tel. No.

Being unable to make personal service, a copy was delivered in the following manner:

4 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.

.....

.....

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.)

5 NOT FOUND **6**
SERVING OFFICER

7 for **8**
DATE

NAME **1**

Director of the **2** Health Department

.....

ADDRESS **3**

.....

PERSONAL SERVICE Tel. No.

Being unable to make personal service, a copy was delivered in the following manner:

4 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.

.....

.....

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.)

5 NOT FOUND **6**
SERVING OFFICER

7 for **8**
DATE

Data Elements, *page two*

1. Name of individual served.
2. Name of appropriate health department.
3. Address of individual served.
4. Indicate method of service.
5. Check this box if recipient (s) “not found.”
6. Signature of serving officer.
7. Date of service.
8. Jurisdiction/agency. Name of sheriff if served by deputy sheriff.

Using This Form

1. Copies
 - a. Original – to court after service on respondent and local Health Department Director.
 - b. First copy – to respondent.
 - c. Second copy – to petitioner.
2. Prepared by petitioner; summons prepared by magistrate or clerk. Signed by judge.
3. Attachments – none.
4. Preparation details
 - a. This form is for use when certain individuals who have been exposed to bodily fluids of another wish to petition the court to have the other person undergo testing for HIV or Hepatitis B or C viruses and consent for testing has been withheld.
 - b. The record of the case, including the petition and order, is to be sealed.
 - c. The local Health Department Director shall advise the court as to the existence of an “exposure-prone incident,” so a copy of the petition is served on him after filing.

PETITION TO REQUIRE BLOOD TEST

Commonwealth of Virginia Va. Code § 32.1-45.1

TO ANY AUTHORIZED OFFICER: You are commanded to summon the Respondent, and the Director of the **3** Health Department.
TO THE RESPONDENT: You are summoned to appear before this court at the above address on **2** to answer the Petitioner's claim
..... **4** DATE AND TIME **5**
DATE [] CLERK [] DEPUTY CLERK [] MAGISTRATE

In the **6** [] General District Court
In re **7** , Petitioner v. **8** , Respondent

- The undersigned petitioner is:
- [] a health care provider or the employee of a health care provider as defined in Va. Code § 32.1-45.1(C) or (D) who has been directly exposed to the body fluids of a patient,
 - [] a patient who has been directly exposed to the body fluids of a health care provider or employee of a health care provider as defined in Va. Code § 32.1-45.1(C) or (D),
 - [] a law enforcement officer as defined in Va. Code § 32.1-45.1(G), salaried or volunteer firefighter, paramedic or emergency medical technician who has been directly exposed to body fluids, or the exposed person's employer,
 - [] a person who has been directly exposed to the body fluids of a law enforcement officer, as defined in Va. Code § 32.1-45.1(G), salaried or volunteer firefighter, paramedic or emergency medical technician.
 - [] a school board employee as defined in 32.1-45.1(J) who has been directly exposed to body fluids, or the employee's employer,
 - [] a person who has been directly exposed to the body fluids of a school board employee as defined in Va. Code § 32.1-45.1(J), and the person whose blood specimen is sought for testing for infection with human immunodeficiency virus or hepatitis B or C viruses and who is deemed to have consented to testing
- [] refuses to provide such specimen **OR**
[] is a minor who refuses to provide such specimen and the minor's parent, guardian, or person standing in loco parentis also withholds consent for such specimen to be taken or is not reasonably available.

The undersigned petitions this court to order the person to provide a blood specimen or submit to testing and disclose the test results in accordance with the law. Testing for human immunodeficiency virus and hepatitis B and C viruses is requested.

Date and place of the alleged exposure: **10**
Name and address of the individual whose blood specimen is sought for testing: **11**
..... **12** **13**
DATE SIGNATURE OF PETITIONER

ORDER

19 [] I find that the person whose blood specimen is sought for testing for infection with human immunodeficiency virus or hepatitis B or C viruses and who is deemed to have consented to such testing [] refuses to provide such specimen [] is a minor who refuses to provide such specimen and the minor's parent, guardian, or person standing in loco parentis also withholds consent for such specimen to be taken or is not reasonably available. **THEREFORE**, upon the advice of the Commissioner of Health or his designee, I order that the person provide a blood specimen or submit to testing and disclose the test results in accordance with Va. Code § 32.1-45.1 as requested in the petition. The test results shall be disclosed to the petitioner as soon as they are completed, and both the petitioner and respondent shall receive counseling and opportunity for face-to-face disclosure of any test results by a licensed practitioner or trained counselor.

20 [] Respondent is ordered to appear at on at
NAME OF FACILITY DATE TIME
for such testing.

21 [] I order the petition dismissed.

22 [] I order the record of this case to be sealed.

..... **23** **24**
DATE JUDGE

Court Case No. **1**
Hearing date and time: **2**

PETITION TO REQUIRE BLOOD TEST

..... **14**
PETITIONER
.....
ADDRESS
.....
.....
.....
v.
..... **15**
RESPONDENT
.....
ADDRESS
.....
.....
.....
..... **16**
ATTORNEY FOR THE PETITIONER
.....
..... **17**
ATTORNEY FOR THE RESPONDENT

Serve:
..... **18**
DIRECTOR OF THE LOCAL HEALTH DEPARTMENT
.....
ADDRESS
.....
.....

Data Elements, page one

1. Court case number.
2. Hearing date and time.
3. Name of local health department.
4. Date summons issued.
5. Signature of clerk or magistrate issuing summons. Check appropriate title box.
6. Jurisdiction of court. Check appropriate box.
7. Name of petitioner.
8. Name of respondent.
9. Check box that corresponds to basis for petition.
10. Date and place of alleged exposure to bodily fluids.
11. Name and address of person whose blood is sought for testing.
12. Date of petitioner's signature.
13. Petitioner's signature.
14. Petitioner's name and address.
15. Respondent's name and address.
16. Name of attorney for the petitioner, if applicable.
17. Name of attorney for respondent, if applicable.
18. Name of director and address of local health department.
19. Check box if found that respondent has inappropriately withheld consent.
20. Check box and provide name of facility and date and time of testing, if ordered.
21. Check box if petition is dismissed.
22. Check box to indicate that the case records should be sealed.
23. Date of signing of order by judge.
24. Signature of judge.

RETURNS: Each person was served according to law, as indicated below, unless not found.

<p>NAME 1</p> <p>ADDRESS 1</p> <p>[2] PERSONAL SERVICE Tel. No.</p> <p>Being unable to make personal service, a copy was delivered in the following manner:</p> <p>3 { <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.</p> <p>.....</p> <p><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.)</p> <p>[4] NOT FOUND 5 SERVING OFFICER</p> <p>..... 6 DATE for 7</p>	<p>NAME 1</p> <p>ADDRESS 1</p> <p>[2] PERSONAL SERVICE Tel. No.</p> <p>Being unable to make personal service, a copy was delivered in the following manner:</p> <p>3 { <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.</p> <p>.....</p> <p><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.)</p> <p>[4] NOT FOUND 5 SERVING OFFICER</p> <p>..... 6 DATE for 7</p>	<p>NAME 1</p> <p>ADDRESS 1</p> <p>[2] PERSONAL SERVICE Tel. No.</p> <p>Being unable to make personal service, a copy was delivered in the following manner:</p> <p>3 { <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.</p> <p>.....</p> <p><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.)</p> <p>[4] NOT FOUND 5 SERVING OFFICER</p> <p>..... 6 DATE for 7</p>
---	---	---

Data Elements, *page two*

1. Name and address of individual served.
2. Check if personally served.
3. Indicate method of substituted service, if not personally served. If delivered to family member, provide requested information.
4. Check if not found.
5. Signature of serving officer.
6. Date of service.
7. Jurisdiction/agency. Name of sheriff if served by deputy sheriff.

Using This Form

1. Copies

Same number as copies of form issued in a case.

2. Prepared by judgment debtor.

3. Attachments – one of the following:

- a. DC-416, DETINUE SEIZURE ORDER
- b. DC-424, DISTRESS WARRANT
- c. DC-440, SUMMONS TO ANSWER INTERROGATORIES AND WRIT OF FIERI FACIAS (if writ is completed)
- d. DC-446, ATTACHMENT SUMMONS
- e. DC-467, WRIT OF FIERI FACIAS
- f. DC-468, WRITS OF POSSESSION AND FIERI FACIAS IN DETINUE
- g. DC-469, REQUEST FOR WRIT OF POSSESSION IN UNLAWFUL DETAINER/WRIT OF POSSESSION

4. Preparation details –

Judgment debtor completes entire form (the front of the form includes instructions on completion of the reverse).

REQUEST FOR HEARING – EXEMPTION CLAIM

Commonwealth of Virginia

VA. CODE § 8.01-546.1

Case No. 1

2 Court

3 PLAINTIFF/JUDGMENT CREDITOR v. 4 DEFENDANT/JUDGMENT DEBTOR

I claim that the exemption(s) which are checked below apply in this case:

MAJOR EXEMPTIONS UNDER FEDERAL AND STATE LAW —

[There is no exemption solely because you are having difficulty paying your bills.]

- 1. Social Security benefits and Supplemental Security Income (SSI) (42 U.S.C. § 407).
- 2. Veteran's benefits (38 U.S.C. § 5301)
- 3. Federal civil service retirement benefits (5 U.S.C. § 8346).
- 4. Annuities to survivors of federal judges (28 U.S.C. § 376(n)).
- 5. Longshore and Harbor Workers' Compensation Act (33 U.S.C. § 916).
- 6. Black lung benefits (30 U.S.C. §§ 931 (b)(2)(F) and 932(a)).

Exemptions listed under 1 through 6 above may not be applicable in child support and alimony cases (42 U.S.C. § 659).

- 7. Seaman's, master's or fisherman's wages, except for child or spousal support and maintenance (46 U.S.C.A. § 11109).
- 8. Unemployment compensation benefits (§ 60.2-600, Code of Virginia).

This exemption may not be applicable in child support cases (§ 60.2-608, Code of Virginia).

- 9. Portions or amounts of wages subject to garnishment (§ 34-29, Code of Virginia).
- 10. Public assistance payments (§ 63.2-506, Code of Virginia)
- 11. a. Homestead – \$5,000, or \$10,000 if the householder is 65 years of age or older, worth of cash, personal articles or real property (§§ 34-4, Code of Virginia) [Attach list of items claimed].
- b. Property of disabled veterans – additional \$10,000 worth of cash, personal articles or real property (§ 34-4.1, Code of Virginia) [Attach list of items claimed].

Exemptions listed under 11 may not be claimed in certain cases such as payment of child or spousal support, or the purchase of the article which is being taken or levied on (§ 34-5, Code of Virginia).

- 12. Certain specific articles — see description on reverse side (§§ 34-26 and 34-27, Code of Virginia) [Attach list of articles claimed].
- 13. Workers' Compensation (§ 65.2-531, Code of Virginia).
- 14. Growing crops (§ 8.01-489, Code of Virginia).
- 15. Benefits from group life insurance policies (§ 38.2-3339, Code of Virginia).
- 16. Proceeds from industrial sick benefits insurance (§ 38.2-3549, Code of Virginia).
- 17. Assignments of certain salary and wages (§ 55-165, Code of Virginia).
- 18. Pre-need funeral contracts (§ 54.1-2823, Code of Virginia).
- 19. Benefits for victims of crime (§ 19.2-368.12, Code of Virginia).
- 20. Certain retirement benefits (§ 34-34, Code of Virginia)
- 21. Other (describe exemption): 5

I request a court hearing to decide the validity of my claim. Notice of the hearing should be given to me at:

6 ADDRESS TELEPHONE NUMBER

The statements made in this request are true to the best of my knowledge and belief.

7 DATE

8 SIGNATURE OF DEFENDANT/JUDGMENT DEBTOR

Data Elements, *reverse*

1. Court case number.
2. Court name.
3. Name of judgment creditor.
4. Name of judgment debtor.
5. Check the appropriate line. If number 21 is check, judgment debtor should include statutory citation if known.
6. Judgment debtor's mailing address and telephone number.
7. Date of signing.
8. Judgment debtor's signature.

NOTICE TO DEBTOR — HOW TO CLAIM EXEMPTIONS

The attached paper is a legal process which has been issued by the court clerk on request of a creditor who holds a judgment against you or claims that you owe him money or property. This allows the Sheriff either to take or to “levy upon” (make a list of) certain property in your possession for future sale.

The law provides that some types of property and funds (including some wages) cannot be taken by legal process. Such property is exempt. The Sheriff may not take or “levy on” certain property (§§ 34-26 and 34-27 of the Code of Virginia). Some of these items are:

The family Bible; wedding and engagement rings; family portraits and family heirlooms not to exceed \$5,000 in value; a lot in a burial ground; all wearing apparel of the householder not to exceed \$1,000 in value; all household furnishings including, but not limited to, beds, dressers, floor coverings, stoves, refrigerators, washing machines, dryers, sewing machines, pots and pans for cooking, plates, and eating utensils, not to exceed \$5,000 in value; one firearm, not to exceed \$3,000 in value; all animals owned as pets, such as cats, dogs, birds, squirrels, rabbits and other pets not kept or raised for sale or profit; medically prescribed health aids; tools, books, instruments, implements, equipment and machines, including motor vehicles, vessels, and aircraft, which are necessary for use in the course of the householder’s occupation or trade not exceeding \$10,000 in value, except that a perfected security interest on such personal property shall have priority over the claim of exemption under this part (“occupation,” includes enrollment in any public or private elementary, secondary, or vocational school or institution of higher education); a motor vehicle, not held as exempt as necessary for use in the course of the householder’s occupation or trade owned by the householder not to exceed \$6,000 in value, except that a perfected security interest on the motor vehicle shall have priority over the claim of exemption under this part.

The value of an item claimed as exempt shall be the fair market value of the item less any prior security interest. The monetary limits, where provided, are applicable to the total value of property claimed as exempt.

Exemptions which may apply are listed on the other side of this form and the items listed above can be claimed under No. 12. Please read these carefully.

If you believe that any of your property that the Sheriff wants to take or “levy upon” is exempt, you should tell the Sheriff the property that you believe is exempt and which exemption applies. You should also identify any property which belongs to someone else and who is the owner of such property. A false statement may be punished as contempt under §18.2-456(5) of the Code of Virginia.

If the Sheriff “levies on” or takes property that you believe is exempt, you should promptly (i) fill out the REQUEST FOR HEARING—EXEMPTION CLAIM form and (ii) deliver or mail the form to the clerk’s office of this court. If the attached paper is an Attachment Summons, you have the right to a prompt hearing within ten business days from the date that you file your request for a hearing with the court. In all other cases, you must *ask* for a prompt hearing before the “Return Date” on the attached papers. If the attached paper is a Writ of Fieri Facias, the property may be sold by the Sheriff before the “Return Date;” therefore, if you wish to claim an exemption, you should ask immediately for a prompt hearing on your claim. At a prompt hearing, the only thing that you may do is explain why your property is exempt. If you do not come to court on the date and at the time set and prove that your property is exempt, you may lose some of your rights regarding your property.

If the Sheriff takes your property, you may post a bond to recover your property; however, once you post a bond, the creditor may post a bond to have the property kept from you. If you retain possession of any property “levied on,” *it is your responsibility not* to sell, damage, or otherwise dispose of such property “levied on” until the proceedings are finished.

If the attached paper is an Attachment Summons, a Warrant of Distress, an Order of Seizure in Distress, a Warrant in Detinue or an Order for Detinue Seizure, no judgment has been entered against you yet. On the “Return Date” shown on the attached paper, your case will be tried or scheduled for trial. At that time, you may tell the judge any defenses you may have to the creditor’s claims.

It may be helpful to you to *promptly* seek the advice of an attorney regarding this and other exemption rights.

THE REQUEST FOR HEARING—EXEMPTION CLAIM FORM IS PRINTED ON THE OTHER SIDE.

Using This Form

1. Copies
 - a. Original – to Secretary of the Commonwealth, forwarded to party to be served.
 - b. First copy – to Secretary of the Commonwealth, returned to clerk of court.
2. Prepared by party seeking service of process through the Secretary of the Commonwealth.
3. Attachments – one of the following:
 - a. Form DC-402, WARRANT IN DEBT – SMALL CLAIMS DIVISION
 - b. Form DC-404, WARRANT IN DETINUE – SMALL CLAIMS DIVISION
 - c. Form DC-412, WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)
 - d. Form DC-414, WARRANT IN DETINUE (CIVIL CLAIM FOR SPECIFIC PERSONAL PROPERTY)
 - e. Form DC-416, DETINUE SEIZURE ORDER (CIVIL CLAIM FOR EVICTION)
 - f. Form DC-421, SUMMONS FOR UNLAWFUL DETAINER
 - g. Form DC-424, WARRANT OF DISTRESS
 - h. Form DC-420, MOTION FOR SHOW CAUSE SUMMONS OR CAPIAS (General District Court)
 - i. Form DC-428, WARRANT IN DEBT – INTERPLEADER
 - j. Form DC-446, ATTACHMENT SUMMONS
 - k. Form DC-451, GARNISHMENT SUMMONS
 - l. Motion for Judgment
4. Preparation details – none.

AFFIDAVIT FOR SERVICE OF PROCESS ON THE SECRETARY OF THE COMMONWEALTH

Case No. 1

Commonwealth of Virginia Va. Code §§ 8.01-301, -329; 55-218.1; 57-51

2 District Court

3 v. 4

TO THE PERSON PREPARING THIS AFFIDAVIT: You must comply with the appropriate requirements listed on the back of this form.

5 Attachments: Warrant Motion for Judgment

I, the undersigned Affiant, state under oath that:

6 the above-named defendant

whose last know address is: same as above

7

8 1. is a non-resident of the Commonwealth of Virginia or a foreign corporation and Virginia Code § 8.01-328.1(A) applies (see NON-RESIDENCE GROUNDS REQUIREMENT on reverse).

9 2. is a person whom the party seeking service, after exercising due diligence, has been unable to locate (see DUE DILIGENCE REQUIREMENT on reverse) and that

10

is the return date on the attached warrant, motion for judgment or notice (see TIMELY SERVICE REQUIREMENT on reverse).

11
DATE

12
 PARTY PARTY'S ATTORNEY PARTY'S AGENT

State of 13 City County of 14

Acknowledged, subscribed and sworn to before me this 15 day of 15, 20

16
NOTARY REGISTRATION NUMBER

17
 CLERK MAGISTRATE NOTARY PUBLIC (My commission expires

18 Verification by the clerk of the court of the date of filing of the certificate of compliance requested. A self-addressed stamped envelope was provided to the clerk at the time of filing of this Affidavit.

NOTICE TO THE RECIPIENT from the Office of the Executive Secretary of the Commonwealth of Virginia:

You are being served with this notice and attached pleadings under Section 8.01-329 of the Code of Virginia which designates the Secretary of the Commonwealth as statutory agent for Service of Process. The Secretary of the Commonwealth's ONLY responsibility is to mail, by certified mail, return receipt requested, the enclosed papers to you. If you have any questions concerning these documents, you may wish to seek advice from a lawyer.

SERVICE OF PROCESS IS EFFECTIVE ON THE DATE WHEN SERVICE IS MADE ON THE SECRETARY OF THE COMMONWEALTH.

CERTIFICATE OF COMPLIANCE

I, the undersigned, Clerk in the Office of the Secretary of the Commonwealth, hereby certify the following:

1. On 19, legal service in the above-styled case was made upon the Secretary of the Commonwealth, as statutory agent for persons to be served in accordance with Section 8.01-329 of the Code of Virginia, as amended.

2. On 20, papers described in the Affidavit and a copy of this Affidavit were forwarded by certified mail, return receipt requested, to the party designated to be served with process in the Affidavit.

21

SERVICE OF PROCESS CLERK, DESIGNATED BY THE AUTHORITY OF THE SECRETARY OF THE COMMONWEALTH

Data Elements, *front*

1. Court case number.
2. Court name.
3. Name and address of plaintiff.
4. Name and address of defendant.
5. Description of attached pleading being served through the Secretary of the Commonwealth. Check the appropriate box and, if applicable, insert description of pleading.
6. Check the appropriate box and, if applicable, insert name of person to be served.
7. Address of person to be served. Check the appropriate box and, if applicable, insert address.
8. If service through the Secretary of the Commonwealth is required because the person is a non-resident of the Commonwealth, check this box and insert the appropriate number from the list on the back of the form.
9. If service through the Secretary of the Commonwealth is required because of inability to locate the person to be served, check this box and add return date of the attached pleading.
10. Insert the return date in the case as indicated on the attachment.
11. Date of signing.
12. Signature of requesting party. Check the appropriate box below the signature line.
13. State in which acknowledgement is taken.
14. Locality in which acknowledgement is taken. Check the applicable box.
15. Date of acknowledgement.
16. If acknowledgement by a notary public, insert notary's registration number.
17. Signature of person taking acknowledgement. Check the appropriate title box; if acknowledged by a notary public, include expiration date of commission.
18. If he or she would like verification by the clerk of the court of the filing of the certificate of compliance, the person filing this affidavit should check this box and provide a self-addressed stamped envelope to the clerk.
19. Date affidavit and pleading received by Secretary of Commonwealth.
20. Date affidavit, pleading, and a copy of this Affidavit mailed by certified mail, return receipt requested, by Secretary of the Commonwealth.
21. Signature of person executing Certificate of Compliance in Office of the Secretary of the Commonwealth.

TIMELY SERVICE REQUIREMENT:

Service of process in actions brought on a warrant or motion for judgment pursuant to Virginia Code § 16.1-79 or § 16.1-81 shall be void and of no effect when such service of process is received by the Secretary within ten days of any return day set by the warrant. In such cases, the Secretary shall return the process or notice, the copy of the affidavit, and the prescribed fee to the plaintiff or his agent. A copy of the notice of the rejection shall be sent to the clerk of the court in which the action was filed.

NON-RESIDENCE GROUNDS REQUIREMENT:

If box number 1 is checked, insert the appropriate subsection number:

A court may exercise personal jurisdiction over a person, who acts directly or by an agent, as to a cause of action arising from the person's:

1. Transacting any business in this Commonwealth;
2. Contracting to supply services or things in this Commonwealth;
3. Causing tortious injury by an act or omission in this Commonwealth;
4. Causing tortious injury in this Commonwealth by an act or omission outside this Commonwealth if he regularly does or solicits business, or engages in any other persistent course of conduct, or derives substantial revenue from goods used or consumed or services rendered in this Commonwealth;
5. Causing injury in this Commonwealth to any person by breach of warranty expressly or impliedly made in the sale of goods outside this Commonwealth when he might reasonably have expected such person to use, consume, or be affected by the goods in this Commonwealth, provided that he also regularly does or solicits business, or engages in any other persistent course of conduct, or derives substantial revenue from goods used or consumed or services rendered in this Commonwealth;
6. Having an interest in, using, or possessing real property in this Commonwealth;
7. Contracting to insure any person, property, or risk located within the Commonwealth at the time of contracting; or
8. (ii). Having been ordered to pay spousal support or child support pursuant to an order entered by any court of competent jurisdiction in this Commonwealth having in personam jurisdiction over such person.
9. Having incurred a liability for taxes, fines, penalties, interest, or other charges to any political subdivision of the Commonwealth.

DUE DILIGENCE REQUIREMENT:

If box number 2 is checked, the following provision applies:

When the person to be served is a resident, the signature of an attorney, party or agent of the person seeking service on such affidavit shall constitute a certificate by him that process has been delivered to the sheriff or to a disinterested person as permitted by § 8.01-293 for execution and, if the sheriff or disinterested person was unable to execute such service, that the person seeking service has made a bona fide attempt to determine the actual place of abode or location of the person to be served.

Using This Form

1. Copies
 - a. Original – to process server for use in providing proof of service, then to court.
2. Prepared by
 - a. Data Element Nos. 1-5 are completed by the clerk or plaintiff.
 - b. Data Element Nos. 6-14 are completed by the process server.
 - c. Data Element Nos. 15-22 are completed by a notary public.
3. Attachments – identified pleading to be served.
4. Preparation details
 - a. Data Element No. 5 shows the items attached to the accompanying process.
Example: District court form DC-412, WARRANT IN DEBT. Also add description of any other attached documents.
 - b. Data Element Nos. 6-14 are to be completed by the Process Server making the return.
 - c. Data Element No. 6 – If official or employee of an official authorized to serve process, enter the title of the official and the territory in which process server has jurisdiction.

SERVICE OTHER THAN BY VIRGINIA SHERIFF

Case No. **1**

COMMONWEALTH OF VIRGINIA Va. Code §§ 8.01-296, 8.01-320, 8.01-325, 8.01-511

[] General District Court
[] Juvenile and Domestic Relations District Court

2

3

v./ In re:

4

is the name and address of the person upon whom service of the following is to be made.

- 5** [] Warrant in Debt [] Summons for Unlawful Detainer [] Visitation
 [] Garnishment Summons [] Custody [] Support
 []

I, the undersigned, swear/affirm that:

1. [] I am an official or an employee of an official who is authorized to serve process of type described in the attached
6 PROOF OF SERVICE and my title and bailiwick are:

OR

[] I am a private process server:
NAME

ADDRESS AND TELEPHONE NUMBER

2. I am not a party to, or otherwise interested in, the subject matter in controversy in this case.
 3. I am 18 years of age or older.
 4. I served, as shown below, the above-named person upon whom service of process was to be made with copies described above.

Date and time of service: **7**

Place of service: **8**

STREET ADDRESS, CITY AND STATE

Method of service: **9**

(If served outside of Virginia, use only personal service.)

<input type="checkbox"/> Personal Service	<input type="checkbox"/> Other (allowed only in Virginia)
<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. 10 List name, age of recipient, and relation of recipient to party: <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode (other authorized recipient not found). <input type="checkbox"/> (Garnishment Summons Only) Copy mailed to judgment debtor after serving the 11 garnishee on date of service below unless a different date of mailing is shown. DATE OF MAILING	
12 <input type="checkbox"/> Not Found	

13

DATE OF SIGNATURE

14

SIGNATURE OF PERSON SERVING

Name (print or type): **15**

State of **16** [] City [] County of **17**

Subscribed and sworn to/affirmed before me this day by **18**

19

DATE

20

NOTARY PUBLIC

(My Commission Expires **21**

22

NOTARY REGISTRATION NUMBER

Data Elements

1. Court case number.
2. Name of court.
3. Style of case.
4. Name and complete address of person being served.
5. Check appropriate box for service being made. See Using This Form, 4.a.
6. Check appropriate box. If official authorized to serve processes, enter description of title and server's bailiwick. See Using This Form, 4.c.
7. Date and time of day process served.
8. Complete address of place process served.
9. Check if personal service was made. Please note that only personal service is acceptable if the person is served out of Virginia.
10. Check the applicable box for method of substituted service. If served to an appropriate family member, enter name, age and relationship to party being served.
11. Check if service was made on a garnishment summons. Indicate that a copy was mailed to judgment debtor and the date that such copy was mailed.
12. Indicate if the person to be served was not found.
13. Date of signature of serving officer.
14. Signature of serving officer.
15. Print or type name of serving officer.
16. Enter name of state.
17. Check applicable box and enter the city or county where serving officer is authorized to serve.
18. Signature of person taking affirmation.
19. Date of acknowledgement of this document.
20. Notary public.
21. Date Notary Public's commission expires.
22. Notary's registration number.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to defendant. If more than one defendant, provide a copy for *each* defendant.
 - c. Second copy – to plaintiff.
2. All but Case Disposition prepared by plaintiff (claim, parties, and court name and address) and clerk (Data Element Nos. 3, 4, 5, 29, 30, 33 and 34). Case Disposition prepared by judge.
3. Attachments
 - a. Form DC-413, CERTIFICATE OF MAILING, or its equivalent – if filed by plaintiff.
 - b. Form DC-325, REQUEST FOR WITNESS SUBPOENA – if completed before this form is issued.
4. Preparation details
 - a. This form merges the application (claim) and civil warrant onto one form so that all but a few data elements needed for issuing the civil warrant are prepared by the plaintiff.
 - b. The data elements for service of process on the reverse of this form are to be completed for each defendant who is served.
 - c. In lieu of a separate certificate of mailing, the plaintiff may complete Data Element Nos. 10 and 11 on the reverse side of this form if the mailing to defendants occurs at or prior to filing of the warrant.
 - d. On the reverse side of this form, Data Element Nos. 12, 13 and 14 are for optional use by clerks in tracking the issuance of post-judgment process. This data is added when such post-judgment process is prepared because the clerk's staff has to use the warrant in preparing and issuing post-judgment process.

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)

Commonwealth of Virginia VA. CODE § 16.1-79

1

CITY OR COUNTY

General District Court

2

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summon the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

3

RETURN DATE AND TIME

to answer the Plaintiff(s)' civil claim (see below)

4

DATE ISSUED

5

[] CLERK [] DEPUTY CLERK [] MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

6

\$ net of any credits, with interest at **7** % from date of **8** until paid,

9

10

\$ costs and \$ attorney's fees with the basis of this claim being

[] Open Account [] Contract [] Note [] Other (EXPLAIN) **11**

12

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] cannot be demanded

13

DATE

14

[] PLAINTIFF [] PLAINTIFF'S ATTORNEY [] PLAINTIFF'S EMPLOYEE/AGENT

CASE DISPOSITION

15

JUDGMENT against [] named Defendant(s) []

16

for \$ net of any credits, with interest at **17** % from date

18

19

20

of until paid, \$ costs and \$ attorney's fees

21 HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] CANNOT BE DEMANDED

22 [] JUDGMENT FOR [] NAMED DEFENDANT(S) []

24

23 [] NON-SUIT [] DISMISSED

Defendant(s) Present? [] YES

25 [] NO

26

DATE

27

JUDGE

CASE NO. **29**

30

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

v.

31

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

WARRANT IN DEBT

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice on the reverse about requesting a change of trial location.

[] To dispute this claim, you must appear on the return date to **32** try this case.

[] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars **33**

ORDERED

DUE

Grounds of Defense **34**

ORDERED

DUE

ATTORNEY FOR PLAINTIFF(S)

35

ATTORNEY FOR DEFENDANT(S)

36

HEARING DATE AND TIME

28

JUDGMENT PAID OR SATISFIED PURSUANT TO ATTACHED NOTICE OF SATISFACTION.

37

DATE

38

CLERK

DISABILITY ACCOMMODATIONS for loss of hearing, vision, mobility, etc., contact the court ahead of time.

Data Elements, *front*

1. Court name (General District Court jurisdiction - \$0.01 - \$25,000).
2. Court street address.
3. Return date and time (date and time of scheduled appearance, cannot exceed sixty days from service).
4. Date of issuance of this WARRANT IN DEBT.
5. Signature of person issuing this WARRANT IN DEBT. Check the appropriate title box below the signature line.
6. Principal amount of claim.
7. Interest rate(s) claim stated in annual percentage rates.
8. Date from which interest is due.
9. Amount of court costs claimed in this case.
10. Attorney's fees (if any) claimed.
11. Check the basis of the claim. If "Other" is checked, describe the basis of the claim.
12. Check the appropriate box regarding homestead exemption status.
13. Date of signing of claim.
14. Signature of person filing the claim. Check the appropriate title box below the signature line.
15. Check the last box and enter names of defendants only if judgment is entered against fewer than all defendants. If judgment is entered against all defendants, check first box.
16. Amount of judgment principal.
17. Annual percentage rate.
18. Date from which interest runs.
19. Court costs assessed against the defendant.
20. Attorney's fees awarded by court.
21. Check the appropriate box.
22. Check the first box if judgment for all defendants is entered. If judgment for fewer than all defendants, also name the defendants for whom judgment is entered.
23. Check if a nonsuit is entered.
24. Check if the case is dismissed as to all defendants. If dismissal is for fewer than all defendants, also name the defendants for whom the case is dismissed.
25. Check the applicable box. If there are multiple defendants and not all were present, list names of those present.
26. Date of entry of judgment.
27. Signature of judge.
28. Return date. Space below is for adding continuance dates.
29. Court case number.
30. Names and addresses of plaintiffs.
31. Names and addresses of defendants.
32. Check box for method used to set contested cases.
33. If judge orders filing of bill of particulars, insert the appropriate dates.
34. If judge orders filing of grounds of defense, insert the appropriate dates.
35. Name and address of plaintiff's attorney.
36. Name and address of defendant's attorney.
37. Date of receipt of Notice of Satisfaction.
38. Initials of clerk or deputy clerk upon receipt of Notice of Satisfaction.

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME **1**

ADDRESS **2**

3 PERSONAL SERVICE Tel. No. **2**

Being unable to make personal service, a copy was delivered in the following manner:

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.

..... **5**

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.)

Served on Secretary of the Commonwealth

6 NOT FOUND **7**

SERVING OFFICER

..... **8** for **9**

DATE

NAME

ADDRESS

PERSONAL SERVICE Tel. No.

Being unable to make personal service, a copy was delivered in the following manner:

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.

.....

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.)

Served on Secretary of the Commonwealth

NOT FOUND
SERVING OFFICER

.....
DATE for

NAME

ADDRESS

PERSONAL SERVICE Tel. No.

Being unable to make personal service, a copy was delivered in the following manner:

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.

.....

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.)

Served on Secretary of the Commonwealth

NOT FOUND
SERVING OFFICER

.....
DATE for

OBJECTION TO VENUE:

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on

..... **10** **11**

DATE [] Plaintiff
[] Plaintiff's Atty.
[] Plaintiff's Agent

Fi. Fa. issued on **12**

Interrogatories issued on: **13**

Garnishment issued on **14**

.....

Data Elements, *reverse*

1. Name of person to be summoned. If person is a corporation's registered agent, show name of corporation on second line.
2. Address and telephone number of person to be summoned.
3. Check this box if personal service obtained.
4. Serving officer to check the appropriate box to designate type of substitute service.
5. If served by leaving the warrant in debt process with a family member age 16 or older, check appropriate box and insert required information.
6. Check this box if unable to serve process.
7. Signature of serving officer.
8. Date of signature.
9. Name of sheriff if served by deputy sheriff.
10. Date that plaintiff mailed copy of pleading to defendant.
11. Signature of person mailed the pleading.
12. Date(s) writ of fieri facias was issued.
13. Date(s) summons to answer interrogatories was issued.
14. Date(s) on writ garnishment summons was issued.

Using This Form

1. Copies
 - a. Original--to court.
2. Prepared by plaintiff.
3. Attachments--one of the following:
 - a. Form DC-402, WARRANT IN DEBT -- SMALL CLAIMS DIVISION
 - b. Form DC-404, WARRANT IN DETINUE -- SMALL CLAIMS DIVISION
 - c. Form DC-412, WARRANT IN DEBT
 - d. Form DC-414, WARRANT IN DETINUE
 - e. Form DC-416, DETINUE SEIZURE ORDER
 - f. Form DC-421, SUMMONS FOR UNLAWFUL DETAINER
 - g. Form DC-424, WARRANT OF DISTRESS
 - h. Form DC-428, WARRANT IN DEBT--INTERPLEADER
 - i. Form DC-430, SUMMONS FOR HEARING
 - j. Form DC-433, SUMMONS IN INTERPLEADER AND ORDER FOR POSTPONEMENT OF SALE
 - k. Form DC-446, ATTACHMENT SUMMONS
 - l. Form DC-463, SUMMONS – LIEN OF MECHANIC FOR REPAIRS
4. Preparation details - Complete *either* Data Elements Nos. 6 or 7 to comply with Va. Code 8.01-296(2)(b).

CERTIFICATE OF MAILING POSTED SERVICE

Commonwealth of Virginia

VA. CODE § 8.01-296(2)(b)

Case No. 1

Return date or Continued to 2

3 CITY OR COUNTY [] General District Court [] Juvenile and Domestic Relations District Court

4 PLAINTIFF/PETITIONER

In re/v. 5 DEFENDANT(S)/RESPONDENT(S)

Check the box for the method which you used for mailing in compliance with Virginia Code § 8.01-296(2)(b).

[] 1. If mailed after civil warrant is issued (signed) by clerk/magistrate or the summons with petition attached is issued by the juvenile and domestic relations district court clerk:

6 I certify that I mailed a copy of the process to the defendant(s) named above on ... day of ..., at the address given on the original process. [] ATTORNEY [] PLAINTIFF [] AGENT

The following procedure would comply with this method:

- A. The clerk of the court will furnish you with a copy of the process.**
B. You must mail a copy of the process not less than ten days before trial when judgment by default may be entered.
C. A certificate, to be prepared by the plaintiff, that a copy of this process has been mailed must be mailed in the Clerk's Office on or before the return date or the date to which the case has been continued.
D. The certificate must set forth that you have mailed a copy of the process not less than ten days before judgment by default may be entered.

** If you furnish us a self-addressed envelope with proper postage addressed to you, we will mail the service copies which you must mail to each defendant (regular mail).

7 [] 2. If mailed before civil warrant is issued by clerk/magistrate:

I certify that I mailed a copy of the pleading which contains the date, time and place of the return prior to the filing the pleading in the general district court to the defendant(s) named above on ... day of ..., at the address given on the original process. [] ATTORNEY [] PLAINTIFF [] AGENT

Data Elements

1. Court case number.
2. Date of hearing or return date.
3. Court jurisdiction. Check box for type of court.
4. Name(s) of plaintiff(s).
5. Name(s) of defendant(s).
6. If mailed *after* issuance of civil warrant, check this box, insert date of mailing to defendant(s), sign the signature line and check the appropriate title box. See Using This Form, 4.
7. If mailed *before* issuance of civil warrant, check this box, insert date of mailing to defendant, sign the signature line and check the appropriate title box. See Using This Form, 4.

Using This Form

1. Copies
 - a. Original - to court.
 - b. First copy - to defendant. If more than one defendant, provide a copy for each defendant.
 - c. Second copy - to plaintiff.
 - d. Third copy - to plaintiff for mailing.
2. All but Case Disposition are prepared by plaintiff (claim, parties, and court name and address) and clerk (Data Elements 3, 4, 5, 33, 36, 37, 38, 39, 40, 43, 44, 45). Case Disposition prepared by judge (Data Elements 18-32).
3. Attachments
 - a. DC-413, CERTIFICATE OF MAILING, or its equivalent - if filed by plaintiff.
 - b. DC-325, REQUEST FOR WITNESS SUBPOENA - if completed before this form is issued.
4. Preparation Details
 - a. This form merges the application (claim) and civil warrant onto one form so that all but a few data elements needed for issuing the civil warrant are prepared by the plaintiff.
 - b. The alternate value must always be given even if plaintiff wants only to recover the items rather than recovering the items or their alternate value since the alternate value is used to determine if the claim is within the jurisdictional limits of the general district court set by Va. Code § 16.1-77(1).
 - c. The data elements for service of process on the reverse of the Warrant in Detinue are to be completed for each defendant who is served.
 - d. In lieu of a separate certificate of mailing, the plaintiff may complete Data Elements Nos. 10 and 11 on the back of the form if the mailing to defendants occurs at or prior to filing of the warrant.
 - e. On the reverse side, Data element Nos. 12, 13 and 14 are for optional use by clerks in tracking the issuance of post-judgment process. This data is added when such post-judgment process is prepared because the clerk's staff has to use the warrant in preparing and issuing post-judgment process.

WARRANT IN DETINUE (CIVIL CLAIM FOR SPECIFIC PERSONAL PROPERTY)

Commonwealth of Virginia Va. Code §§ 16.1-79, 8.01-114, 8.01-121

..... **1** General District Court
CITY OR COUNTY

..... **2**
STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summon the defendant(s).
TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

..... **3** to answer the Plaintiff(s)' civil claim (see below)
RETURN DATE AND TIME

..... **4** **5**
DATE ISSUED [] CLERK [] DEPUTY CLERK [] MAGISTRATE

CLAIM: Plaintiff(s) claim the item(s) below to be unjustly withheld from Plaintiff's possession by Defendant(s).

ITEM	ALTERNATE VALUE	ITEM	ALTERNATE VALUE
1.		5.	
2.	6	6.	7
3.	7	7.	6
4.		8.	
\$ 8 TOTAL ALTERNATE VALUE	\$ 9 COSTS	INTEREST AT THE RATE OF % 10	\$ 11 AMOUNT CLAIMED AS ATTY'S FEES
			\$ 12 DAMAGES CLAIMED DUE TO UNJUST DETENTION

Plaintiffs seek possession of the items listed above, or their alternative values, damages resulting from the unjust detention of the items by Defendant(s), attorney's fee as indicated and interest as indicated. The alternate values given are based upon [] actual value [or] [] amount due on written contract of sale for which the items were offered as security. **13** **14**

THE BASIS OF CLAIM IS: [] WRITTEN CONTRACT OF SALE [] OTHER (EXPLAIN)

HOMESTEAD EXEMPTION WAIVED? [] YES **15** [] NO [] cannot be demanded

..... **16** **17**
DATE [] PLAINTIFF [] PLAINTIFF'S ATTORNEY [] PLAINTIFF'S EMPLOYEE/AGENT

[] JUDGMENT that Plaintiff(s) recover against [] named Defendant(s) [] **18**
possession of each item listed above, or its alternate value as shown above, at the election of **19**

[] Plaintiff(s) [or] [] Defendant(s), (if made within **20** days, then at election of Plaintiff(s)), with the exception of the following item nos.

(\$ **21** Total Alternate Value Recoverable): \$ **22** damages with interest: **23** \$ **24** costs and \$ **25** attorney's fee.
INTEREST RATE AND BEGINNING DATE

Homestead exemption waived? [] Yes [] No [] Cannot be demanded

[] Judgment for [] Named defendant(s) [] **27**

[] Non-suit [] Dismissed **28** **29**

Defendant(s) present? [] YES [] No **30**

..... **31** **32**
DATE JUDGE

CASE NO. **33**
34
PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

v.
35
DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

HEARING DATE AND TIME
43

WARRANT IN DETINUE

RECEIPT NO 36	DATE FEE RECEIVED 37
-------------------------	--------------------------------

* * *
TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice on the reverse about requesting a change of trial location.
[] To dispute this claim, you must appear on the return date to try this case.

38
[] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars	39	ORDERED	DUE
Grounds of Defense	40	ORDERED	DUE

ATTORNEY FOR PLAINTIFF(S)

..... **41**

ATTORNEY FOR DEFENDANT(S)

..... **42**

JUDGMENT PAID OR SATISFIED PURSUANT TO ATTACHED NOTICE OF SATISFACTION.

..... **44**
DATE

..... **45**
CLERK

DISABILITY ACCOMMODATIONS

for loss of hearing, vision, mobility, etc., contact the court ahead of time.

WARRANT IN DETINUE

Data Elements - *Front*

1. Court name.
2. Court street address.
3. Return date and time (date and time of scheduled appearance).
4. Date of issuance of this Warrant in Detinue.
5. Signature of person issuing this Warrant in Detinue. Check the appropriate title box below the signature line.
6. List each item claimed.
7. List the alternate value of each item claimed.
8. Total of alternate values from Data Element No. 7.
9. Amount of court costs claimed in this case.
10. Interest, if requested.
11. Attorney's fees (if any) claimed.
12. Total damages from alleged unjust detention.
13. Check the basis used to determine the alternate value.
14. Check the basis of the claim. If "Other" is checked, describe the basis of the claim.
15. Check the appropriate box regarding homestead exemption status.
16. Date of signing of claim.
17. Signature of person filing the claim. Check the appropriate title box below the signature line.
18. Check the last box and enter name of defendants only if judgment is entered against less than all defendants. If judgment is entered against all defendants, check first box.
19. Check the party authorized to make the election. If election given to defendant, insert number of days within which defendant must make election.
20. List the items described in Data Element No. 6 that are not subject to election by line number.
21. Insert total alternate value net of the items excluded in Data Element No. 20.
22. Principal amount of damages.
23. Interest rate in annual percentage rate and date from which interest runs.
24. Court costs assessed against the defendant.
25. Attorney's fees awarded by the court.
26. Check the appropriate box.
27. Check the first box if judgment for all defendants is entered. If judgment for less than all defendants, also name the defendants for whom judgment is entered.
28. Check if a nonsuit is entered.
29. Check if the case is dismissed as to all defendants. If dismissal is for less than all defendants, also name the defendants for whom the case is dismissed.
30. Check the appropriate box. If there are multiple defendants and not all were present, list names of those present.
31. Date of entry of judgment.
32. Signature of judge.
33. Court case number.
34. Names and addresses of plaintiffs.
35. Names and addresses of defendants.
36. Court receipt number.
37. Date on which clerk received fees.
38. Check box for method used to set contested cases.
39. If judge orders filing of bill of particulars, insert the appropriate dates.
40. If judge orders filing of grounds of defense, insert the appropriate dates.
41. Name and address of plaintiff's attorney.
42. Name and address of defendant's attorney.
43. Return date. Space is left for adding continuance dates.
44. Date of receipt of Notice of Satisfaction.
45. Initials of clerk or deputy clerk upon receipt of Notice of Satisfaction

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME **1**

ADDRESS **2**

3 PERSONAL SERVICE Tel. No.

Being unable to make personal service, a copy was delivered in the following manner:

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.

5

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.)

Served on Secretary of the Commonwealth

6 **7**

NOT FOUND _____

SERVING OFFICER

8 **9**

DATE for _____

NAME

ADDRESS

PERSONAL SERVICE Tel. No.

Being unable to make personal service, a copy was delivered in the following manner:

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.

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.)

Served on Secretary of the Commonwealth

NOT FOUND _____

SERVING OFFICER

DATE for _____

NAME

ADDRESS

PERSONAL SERVICE Tel. No.

Being unable to make personal service, a copy was delivered in the following manner:

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.

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.)

Served on Secretary of the Commonwealth

NOT FOUND _____

SERVING OFFICER

DATE for _____

OBJECTION TO VENUE:

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on

10 **11**

DATE Plaintiff Plaintiff's Atty Plaintiff's Employee/Agent

Fi. Fa. issued on **12**

Interrogatories issued on: **13**

Garnishment issued on **14**

WARRANT IN DETINUE

Data Elements - *Reverse*

1. Name of person to be summoned. If person is a corporation's registered agent, show name of corporation on second line.
2. Address and telephone number of person to be summoned.
3. Check this box if personal service obtained.
4. Serving officer to check the appropriate box to designate type of substitute service.
5. If served by leaving the subpoena with a family member age 16 or older check appropriate box and insert required information.
6. Check this box if unable to serve process.
7. Signature of serving officer.
8. Date of signature.
9. Name of sheriff if served by deputy sheriff.
10. Date that plaintiff mailed copy of pleading to defendant.
11. Signature of person mailing the pleading.
12. Date(s) WRIT OF FIERI FACIAS was issued.
13. Date(s) SUMMONS TO ANSWER INTERROGATORIES was issued.
14. Date(s) on which GARNISHMENT SUMMONS was issued.

Using This Form

1. Copies
 - a. Original--to court.
 - b. First copy--to the defendant. If more than one defendant, provide a copy for each defendant.
2. Prepared by plaintiff, acknowledgment signed by clerk, magistrate, or judge.
3. Attachments
 - a. DC-416, DETINUE SEIZURE ORDER.
 - b. DC-447, PLAINTIFF'S BOND FOR LEVY OR SEIZURE.
 - c. DC-325, REQUEST FOR WITNESS SUBPOENA, IF COMPLETED.
 - d. List of facts. See Using This Form, 4.a.
4. Preparation details
 - a. Data Element No. 22 requires that a list of facts supporting the allegation be attached to the petition.

DETINUE SEIZURE PETITION

Virginia Code §§ 8.01-114

CASE NO. 1

2 COURT NAME

3 PLAINTIFF(S)

v.

5 DEFENDANT(S)

4 ATTORNEY FOR PLAINTIFF(S)

CO-DEFENDANT(S)

STATEMENT

ESTIMATED FAIR MARKET VALUE \$ 6
Unjust detention Damages \$ 7
Interest at % to Hearing Date \$ 8
Bond Premium (if any) \$ 9
Attorney's Fee (by contract) \$ 10
Court Fees and Costs \$ 11
Storage (estimated to hearing date) \$ 12
TOTAL CLAIMED \$ 13

Plaintiff(s)' claims against principal Defendant(s) are to recover

- 14 [] specific personal property listed below (put estimated fair market value of each item in blocks labeled "alternate value")
[] specific personal property listed below or its claimed alternate value

Table with 4 columns: ITEM (KIND AND QUALITY), ALTERNATE VALUE, ITEM (KIND AND QUALITY), ALTERNATE VALUE. Rows 1-5.

[] CONTINUED ON PAGE TWO

Summary table with 3 columns: TOTAL ALTERNATE VALUE (17), ALTERNATE VALUE BASED UPON (Amount due on Written Contract of Sale 18, Estimated Fair Market Value), ESTIMATED FAIR MARKET VALUE (if different from Alternate Value) (19).

20

The basis of this claim is [] a written contract for sale []

21

The homestead exemption has been [] waived [] not waived [] cannot be demanded (debt for purchase price).

22

Plaintiff(s) states that the prerequisite Grounds number [] [from list on back] is present in this case and a list of facts supporting this ground(s) is attached and incorporated into this petition. Plaintiff(s) therefore request the following relief:

- 1. Levy and take into possession (seize) the property described above.
2. Have such seized property delivered to the plaintiff(s) pending the completion of this case or until ordered otherwise.

(Check the applicable box)

- 23 [] This petition is filed in connection with the above-described pending detinue case in the above-named court.
[] No other detinue case between the parties involving the same claim is pending in a Virginia court.

The statements above are true and accurate to the best of my knowledge and belief.

24

[] PLAINTIFF [] PLAINTIFF'S AGENT [] PLAINTIFF'S ATTORNEY

Acknowledged, subscribed and sworn to before me this day.

26

[] CLERK [] MAGISTRATE [] JUDGE
[] NOTARY PUBLIC: My commission expires:

25

DATE

Data Elements

1. Court case number.
2. Court name.
3. Name and address of plaintiff.
4. Name(s) of attorney(s) for plaintiff(s).
5. Names and addresses of defendants, including co-defendants.
6. Estimated fair market value.
7. Amount of additional damages (if any) claimed for unjust detention of property that is the subject of this case.
8. Insert interest rate and amount calculated to the hearing date if interest is claimed.
9. If surety is used to serve Plaintiff's Bond for Levy and Seizure, DC-447, include bond premium.
10. If claim involves a contract allowing attorney's fees to be collected, insert estimated attorney's fees.
11. Insert estimated court fees and costs if actual fees are not known; otherwise, use actual fees.
12. Insert estimated storage fees, if any.
13. Insert total amount claimed.
14. Check whether property only is claimed or property or alternate value.
15. List each item claimed.
16. List the alternative value for each item claimed.
17. Total value [sum of items in No. 16].
18. Check the basis used to determine the alternative value.
19. Complete this block if the actual value is different from the alternate value.
20. Check the basis of this claim and, if appropriate, describe the basis of this claim.
21. Check the appropriate box regarding homestead exemption status.
22. Insert grounds number that applies from back of form.
23. Check appropriate box designating if detinue petition is part of a pending case.
24. Signature of affiant. Check the appropriate status box.
25. Date of acknowledgment of this document.
26. Signature of person taking acknowledgment. Check the appropriate title box below the signature line.

A. The principal defendant or one of the principal defendants:

- A. (1) Is a foreign corporation, or is not a resident of this Commonwealth, and has estate or has debts owing to such defendant within the county or city in which the attachment is, or that such defendant being a nonresident of this Commonwealth, is entitled to the benefit of any lien, legal or equitable, on property, real or personal, within the county or city in which the attachment is. The word "estate," as herein used, includes all rights or interest of a pecuniary nature which can be protected, enforced, or proceeded against in courts of law or equity;
- A. (2) Is removing or is about to remove himself out of this Commonwealth with intent to change his domicile;
- A. (3) Intends to remove, or is removing, or has removed the specific property sued for, or his own estate, or the proceeds of the sale of his property, or a material part of such estate or proceeds, out of this Commonwealth so that there will probably not be therein effects of such debtor sufficient to satisfy the claim when judgment is obtained therefor should only the ordinary process of law be used to obtain the judgment;
- A. (4) Is converting, is about to convert or has converted his property of whatever kind, or some part thereof, into money, securities or evidences of debt with intent to hinder, delay or defraud his creditors;
- A. (5) Has assigned or disposed of or is about to assign or dispose of his estate, or some part thereof, with intent to hinder, delay or defraud his creditors;
- A. (6) Has absconded or is about to abscond or has concealed or is about to conceal himself or his property to the injury of his creditors, or is a fugitive from justice.

The intent mentioned in Subdivisions A(4) and A(5) above may be stated either in the alternative or conjunctive.

B. The specific personal property sought to be levied or seized:

- B. (1) Will be sold, removed, secreted or otherwise disposed of by the defendant, in violation of an obligation to the plaintiff, so as not to be forthcoming to answer the final judgment of the court respecting the same; or
- B. (2) Will be destroyed, or materially damaged or injured if permitted to remain in the possession of the principal defendant or one of the principal defendants or other person or persons claiming under them.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to principal defendant. If more than one defendant, prepare additional copies for each principal defendant and co-defendant on form DC-415, DETINUE SEIZURE PETITION.
 - c. Second copy – to plaintiff.
2. Page 1 of form is prepared by a judge or magistrate; page 2 of form is completed by the executing officer.
3. Attachments
 - a. Form DC-415, DETINUE SEIZURE PETITION.
 - b. Form DC-447, PLAINTIFF'S BOND FOR LEVY OR SEIZURE, must be posted. See Preparation Details, 4.a.
4. Preparation details
 - a. No attachment summons may be issued until a proper bond is posted.

DETINUE SEIZURE ORDER

Commonwealth of Virginia VA. Code §§ 8.01-114 to -119

1 General District Court

2
STREET ADDRESS OF COURT

3 Petition granted: **3** Hearing Date and Time

TO THE SHERIFF:

You are commanded to seize (levy and take into possession) the items listed on attached Detinue Seizure Petition, deliver the same to the Plaintiff(s), and make your return on the reverse side of this Order. You are further commanded to summon the Defendant(s) to appear and answer the claim in the attached petition for Detinue seizure.

TO THE DEFENDANT(S):

You are summoned to appear before this Court at the HEARING DATE AND TIME shown above to answer the claims of the Plaintiff(s) as described in the attached petition.

4 Petition denied

5 **6**
DATE ISSUED [] MAGISTRATE [] JUDGE

CASE DISPOSITION

JUDGMENT that Plaintiff(s) recover against **7** named Defendant(s)

..... possession of each item listed above, or its alternate value as shown above, at the election of **8** Plaintiff Defendant, if on a contract to secure the payment of money to the plaintiff, and the election is made within **9** days with the exception of the following item nos. **10**

(\$ **11** TOTAL ALTERNATE VALUE RECOVERABLE)

\$ **12** damages with interest:

13, \$ **14** costs, and \$ **15** attorney's fee.

16 HOMESTEAD EXEMPTION WAIVED? YES NO CANNOT BE DEMANDED

17 JUDGMENT FOR NAMED DEFENDANT(S)

18 NON-SUIT DISMISSED **19**

20 DEFENDANT(S) PRESENT? YES NO

21 **22**
DATE JUDGE

Case No. **23**

24

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

v.

25

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

DETINUE SEIZURE ORDER

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice on the back side about requesting a change of trial location.

To dispute this claim, you must appear on the return date to try this case.

To dispute this case, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars **27**
ORDERED DUE

Grounds of Defense **28**
ORDERED DUE

ATTORNEY FOR PLAINTIFF(S)
..... **29**

ATTORNEY FOR DEFENDANT(S)
..... **30**

HEARING DATE AND TIME

31

Data Elements, page one

1. Court name.
2. Address of court.
3. Date and time of hearing, if the petition is granted (same date as Data Element No. 23).
4. Check box if petition denied.
5. Date of signing of order.
6. Signature of issuing judge or magistrate. Check the appropriate title box below the signature line.
7. Check the last box and enter names of defendants only if judgment is entered against less than all defendants. If judgment is entered against all defendants, check first box.
8. Check the party authorized by order to make the election.
9. If election given to defendant, insert number of days within which defendant must make election.
10. List the items that are described on form DC-415, DETINUE SEIZURE PETITION, Data Element No. 2 by line number which are not subject to election.
11. Insert total alternative value net of the items excluded in Data Element No. 10.
12. Principal amount of damages.
13. Interest in annual percentage rate and date from which interests runs.
14. Court costs assessed against the defendant.
15. Attorney's fees awarded by court.
16. Check the applicable box.
17. Check the first box if judgment for all defendants is entered. If judgment for less than all defendants, check last box and name the defendants for whom judgment is entered.
18. Check if nonsuit is entered.
19. Check if the case is dismissed as to all defendants. If dismissal is for less than all defendants, also name the defendants for whom the case is dismissed.
20. Check the applicable box.
21. Date of entry of judgment.
22. Signature of judge.
23. Court case number.
24. Names and addresses of plaintiffs.
25. Names and addresses of defendants.
26. Check box for method used to set contested cases.
27. If judge orders filing of bill of particulars, insert the appropriate dates.
28. If judge orders filing of grounds of defense, insert the appropriate dates.
29. Name and address of plaintiff's attorney.
30. Name and address of defendant's attorney.

INVENTORY OF ITEMS SEIZED

I, the undersigned officer, this day did seize the following items and no others.

ITEM	
1.	1
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

..... **2** **3**
DATE by **4**

To the Defendant(s): If you believe that Plaintiff(s) have filed this suit in a city or county other than in a city or county in which this suit may be filed by law, you may file a written request to have the case tried in a general district court in a city or county in which the case may be filed by law. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on Page One of this form in the top right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) "I move to object to venue of this case in this court because" and state the reasons for your objection, and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date.
3. If mailed to the court, you will be notified only if your request is granted.

RETURNS: Each defendant was served according to law, as indicated below, unless not found, with a copy of both this summons and the § 8.01-546.1 form.

Name **5**
 Address **6**

7 [] PERSONAL SERVICE Tel. No. **6**

8 [] Being unable to make personal service, a copy was delivered in the following manner:
9 [] 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.

10 [] 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.)

11 [] Served on Secretary of the Commonwealth.

12 [] Not found **13**
SERVING OFFICER
 **14** for **15**

Name
 Address

[] PERSONAL SERVICE Tel. No.

[] Being unable to make personal service, a copy was delivered in the following manner:
 [] 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.

[] 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.)

[] Served on Secretary of the Commonwealth.

[] Not found SERVING OFFICER
 DATE for

Data Elements, page two

1. Description of each item seized, whether or not it is returned pursuant to a form DC-448, DEFENDANT'S BOND FOR LEVY OR SEIZURE.
2. Date of inventory and seizure.
3. Name of sheriff (printed or typed) if executed by a deputy sheriff. If inventory made by sheriff, signature of sheriff.
4. If inventory made by deputy sheriff, signature of deputy sheriff.
5. Name of defendant. If defendant is a corporation's officer, designated agent or registered agent, show name of corporation on second line.
6. Street address of defendant and telephone number.
7. Check if served by personal service.
8. Check if served by substitute service. Also, check one of Data Element Nos. 9, 10, or 11.
9. If served by substitute service on a family member over age 16, check this box and Data Element No. 8.
10. If served by posted service, check this box and Data Element No. 8.
11. If served on the Secretary of the Commonwealth by the serving officer, check this box and Data Element No. 8.
12. Check this box if unable to serve process for any reason.
13. Signature of serving officer on date of service or attempted service.
14. Date of service or attempted service.
15. If served by deputy sheriff, insert name of sheriff.

Using This Form

1. Copies –
 - a. Original – to court.
 - b. Copies – to servicemember and servicemember’s attorney if servicemember has not made an appearance.
2. Attachments –
 - a. Form DC-418, AFFIDAVIT – DEFAULT JUDGMENT SERVICEMEMBERS CIVIL RELIEF ACT
3. Preparation details –
 - a. This form may be used when a stay is required, or when a discretionary stay is authorized, under federal law, 50 U.S.C. app. § 521 or 522.

ORDER FOR STAY –
SERVICEMEMBERS CIVIL RELIEF ACT
Commonwealth of Virginia

Case No.1.....

.....2.....
CITY OR COUNTY
[] Circuit Court [] General District Court
[] Juvenile and Domestic Relations District Court

.....3.....
v./In re:

AUTOMATIC STAY

4 [] Pursuant to the Servicemembers Civil Relief Act, Section 201, (50 U.S.C. app. § 521), the court having found that (1) defendant/respondent is in military service and (2) the defendant/respondent has not made an appearance in this case, the court ORDERS a stay of default proceedings [] *sua sponte* [] on application of the servicemember’s appointed attorney for not less than 90 days based on the following determination:

5 { [] there may be a defense to the action and a proper defense cannot be presented without the defendant/respondent.
OR
[] after due diligence, the attorney for the servicemember has been unable to contact the defendant/respondent or otherwise determine if a meritorious defense exists.

6 [] Pursuant to the Servicemembers Civil Relief Act, Section 202 (50 U.S.C. app § 522), the court having found that [] plaintiff/petitioner [] defendant/respondent is in military service or is within 90 days after determination of or release from military service and, upon application of the aforementioned servicemember, the court ORDERS a stay of the civil action or proceeding for not less than 90 days based on the following:

A statement setting forth facts stating the manner in which current military duty requirements materially affect the applicant’s ability to appear and stating a date when the applicant will be available to appear.

AND

A statement from the applicant’s officer stating that the applicant’s current military duty prevents appearance and that military leave is not authorized for the applicant at the time of the statement.

DISCRETIONARY STAY

7 [] Pursuant to the Servicemembers Civil Relief Act, Section 202, (50 U.S.C. app. § 522), the court having found that [] plaintiff/petitioner [] defendant/respondent is in the military service or is within 90 days after termination of or release from military service and that the aforementioned servicemember has received notice of the civil action or proceedings, the court, *sua sponte*, ORDERS a stay of the civil action or proceedings for not less than 90 days based on the following:

A statement setting forth facts stating the matter in which current military duty requirements materially affect the servicemember’s ability to appear and stating a date when the servicemember will be available to appear.

AND

A statement from the servicemember’s commanding officer stating that the servicemember’s current military duty prevents appearance and that military leave is not authorized for the servicemember at the time of the statement.

A stay of the proceedings is therefore granted until8.....
NEXT HEARING DATE AND TIME

.....9.....
DATE

.....10.....
JUDGE

Data Elements

1. Case number.
2. Court name. Check box for type of court.
3. Case name.
4. If there has been no appearance made by the defendant/respondent servicemember, check this box if order for stay of proceedings is required. Check the appropriate box that follows to indicate whether order for stay is by the court's own motion or on application of defendant/respondent servicemember's attorney.
5. Check the appropriate box.
6. If the servicemember has made an appearance, check this box if order for stay of proceedings is required. Check the appropriate box that follows to indicate whether the servicemember is a party plaintiff/petitioner or defendant/respondent.
7. If the servicemember has made an appearance, check this box if court's order for stay is discretionary on the court's own motion. Check the appropriate box that follows to indicate whether the servicemember is a party plaintiff/petitioner or defendant/respondent.
8. Insert date and time of next hearing.
9. Date of judge's signature.
10. Signature of judge.

Using This Form

1. Copies
 - a. If affidavit only, original – to court.
 - b. If used to appoint counsel, a copy should be provided to the attorney and the servicemember, if possible.
2. Affidavit prepared by plaintiff. Appointment of counsel and/or stay of proceedings section(s) prepared by clerk or judge and signed by judge.
3. Possible Attachments – Any document initiating a civil proceeding.
4. Preparation details
 - a. This form is for use in complying with the requirements of the Servicemembers Civil Relief Act. It must be completed by the plaintiff in every civil proceeding before a court in the Commonwealth of Virginia.
 - b. This form may used by the court to appoint counsel for the service member.
 - c. While this form may also be used to stay the proceedings if a stay is required under federal law, 50 U.S.C. app. §§ 521 or 522, please use form DC-417, ORDER FOR STAY – SERVICEMEMBERS CIVIL RELIEF ACT, for more detailed judicial findings.

**AFFIDAVIT – DEFAULT JUDGMENT
SERVICEMEMBERS CIVIL RELIEF ACT**

Commonwealth of Virginia VA. CODE § 8.01-15.2

Case No. 1

2

RETURN DATE AND TIME

Circuit Court General District Court
 Juvenile and Domestic Relations District Court

3
CITY OR COUNTY

4

v./In re:

I, 5
PRINT NAME

, the undersigned affiant, states the following under oath:

6 The defendant/respondent is in military service. is not in military service.

The following facts support the statement above:

7

8

9 The affiant is unable to determine whether or not the defendant/respondent is in military service. Pursuant to 50 U.S.C. app. § 521, if the court is unable to determine whether the defendant/respondent is in military service based upon the affiant's statement, the court, before entering judgment, may require the plaintiff/petitioner to file a bond in an amount approved by the court.

10
DATE

11
AFFIANT'S SIGNATURE

The above-named affiant personally appeared this day before the undersigned, and upon duly being sworn, made oath that the facts stated in this affidavit are true to the best of his or her knowledge, information and belief.

12
DATE

13
 CLERK DEPUTY CLERK MAGISTRATE JUDGE INTAKE OFFICER

FOR NOTARY PUBLIC'S USE ONLY: 14
State of City County of
Acknowledged, subscribed and sworn to before me this day of, 20
.....
NOTARY REGISTRATION NUMBER NOTARY PUBLIC
(My commission expires:)

NOTICE REGARDING APPOINTMENT OF COUNSEL TO REPRESENT ABSENT SERVICEMEMBER:
Where appointment of counsel is required pursuant to 50 U.S.C. app. § 521 or § 522, the court may assess attorneys' fees and costs against any party, as the court deems appropriate, and shall direct in its order which of the parties to the case shall pay such fees and costs, except the Commonwealth unless it is the party that obtains the judgment.

FOR COURT USE ONLY:

15 **ORDER OF APPOINTMENT OF COUNSEL**

I find that appointment of counsel is required pursuant to 50 U.S.C. app. § 521 or § 522 and therefore, I appoint the lawyer indicated below to represent the absent servicemember named as defendant/respondent above.

NAME, ADDRESS OF COURT APPOINTED LAWYER 15

16
NEXT HEARING DATE AND TIME
17
DATE

18
JUDGE

STAY OF PROCEEDINGS

19 I find that a stay of proceedings is required pursuant to 50 U.S.C. app. § 521 and, therefore, such a stay, for a minimum period of 90 days, is ordered until

NEXT HEARING DATE AND TIME

20
DATE

21
JUDGE

Data Elements

1. Case number.
2. Return date and time.
3. Court name. Check the box for the type of court.
4. Case Name.
5. Name of plaintiff in civil case/person completing the affidavit.
6. Check the box if affiant was able to determine if the defendant is in military service.
7. Check applicable box.
8. Provide information that supports the information provided in the Data Element no. 7.
9. Check if the affiant was not able to determine if the defendant was in military service.
10. Date of signature
11. Signature of affiant.
12. Date of taking oath.
13. Signature of person acknowledging affidavit. Check the appropriate title box.
14. If acknowledged by a notary public, all enclosed fields must be completed including notary's registration number and date of commission expiration.
15. Check if attorney appointed to represent servicemember. Name and address of court appointed lawyer, if applicable.
16. Insert date and time of next hearing.
17. Insert date of judge's signature.
18. Signature of judge making appointment.
19. Check this box if order for stay of proceedings is entered. Include next hearing date.
20. Insert date of order for stay of proceedings.
21. Insert judge's signature.

Using This Form

1. Copies
 - a. Original – to court.
2. Preparation – Motion portion, certification and style of case prepared by applicant; remainder prepared by clerk or judge.
3. Attachments – supportive documents provided by the applicant, if any.
4. Preparation details
 - a. Data Element No. 16 should be used to provide information (facts and legal arguments) supportive of the nonsuit requested.

MOTION AND ORDER FOR VOLUNTARY NONSUIT

Commonwealth of Virginia VA. CODE § 8.01-380

[] General District Court
[] Juvenile & Domestic Relations District Court

1

CITY OR COUNTY

2

STREET ADDRESS OF COURT

NOTICE OF HEARING

You are hereby notified that on ... a hearing will be held by this Court to consider a motion for voluntary nonsuit.

3

DATE AND TIME

4

DATE

5

CLERK

MOTION FOR VOLUNTARY NONSUIT

I, ... the undersigned, move for leave to take a nonsuit without prejudice in this action and state the following:

6

7 [] On ... in the following court ... I filed a complaint against respondent(s) in this cause of action and the Court by order of ... granted my motion for voluntary nonsuit as a matter of right pursuant to Virginia Code § 8.01-380.

8

DATE

9

10

DATE

11 [] And on ... in the following court ... I filed a complaint against respondent(s) in this cause of action and the Court order by order of ... granted my second motion for voluntary nonsuit pursuant to Virginia Code § 8.01-380.

12

DATE

13

14

[] Additional dates of prior nonsuits and related courts in which prior nonsuits taken in this cause of action:

15

And as grounds for this motion state as follows:

16

17

DATE OF MOTION

18

NONSUING PARTY'S SIGNATURE

ORDER

Upon due consideration of this motion, it is ORDERED that:

[] This cause is hereby nonsuited without prejudice to the nonsuiting party to the refiling of the same pursuant to applicable law.

19

[] The motion for nonsuit is hereby denied.

20 [] Judgment for costs taxed in this matter is awarded against nonsuiting party for ...

AMOUNT

21

DATE

22

JUDGE

HEARING DATE

23

CASE NO.

24

MOTION FOR NONSUIT

25

PLAINTIFFS

v./In re

25

DEFENDANTS

Data Elements, page one

1. Name of court. Check appropriate box for type of court.
2. Street address of court.
3. Date and time of motion hearing.
4. Date of issuance of notice.
5. Signature of person issuing notice.
6. Name of party making the motion.
7. Check box if nonsuit as a matter of right previously taken.
8. Date of filing of motion for voluntary nonsuit as a matter of right.
9. Name of court in which nonsuit was taken.
10. Date of order granting voluntary nonsuit.
11. Check box if second nonsuit previously taken.
12. Date of filing of motion for second voluntary nonsuit.
13. Name of court in which second nonsuit was taken.
14. Date of order granting second voluntary nonsuit.
15. Check box if additional nonsuits previously taken. List dates of orders granting prior voluntary nonsuits and the names of the courts in which prior voluntary nonsuits taken, respectively. Attach additional sheets if necessary.
16. Provide grounds in support of the motion.
17. Date of signing of motion.
18. Signature of the nonsuiting party.
19. Check the appropriate box.
20. Check if costs assessed against nonsuiting party and insert total amount.
21. Date of order.
22. Judge's signature.
23. Date of hearing as found in Data Element No. 3.
24. Case number.
25. Style of the case or case caption.

1 { I, the undersigned, do hereby certify that on this day
of 20, true and correct copies of
the MOTION FOR VOLUNTARY NONSUIT and proposed ORDER
thereon were [] mailed [] faxed
[] electronically mailed by agreement [] hand-delivered to the
following persons:

2 NAME OF RECIPIENT
3 ADDRESS
CITY STATE ZIP
NAME OF RECIPIENT
ADDRESS
CITY STATE ZIP
NAME OF RECIPIENT
ADDRESS
CITY STATE ZIP
NAME OF RECIPIENT
ADDRESS
CITY STATE ZIP

4

Data Elements, *page two*

1. Check appropriate box for type of delivery, mailing or other transmission. See Va. Sup. Ct. R. 1:12.
2. Name of party receiving copy of motion and proposed order.
3. Address of party receiving copy of motion and proposed order.
4. Signature of certifying counsel or, if not represented by counsel, the pro se applicant.

**Form DC-420 MOTION FOR SHOW CAUSE SUMMONS OR CAPIAS Form DC-420
(GENERAL DISTRICT)**

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to defendant.
2. Prepared by petitioner.
3. Attachments
 - a. Form DC-360, SHOW CAUSE SUMMONS, or
 - b. Form DC-361, CAPIAS
4. Preparation details
 - a. This form may be used when charging someone with violating the terms of a court document (such as a witness ignoring a subpoena) or court order. Therefore, the subject of the Show Cause Summons process is called the Respondent.
 - b. Data Element No. 9 is not used for charging contempt for mere failure to comply with an order. It is used for failure to comply with terms of a suspended sentence. For contempt for failure to comply with an order, use Data Elements Nos. 11 through 13.
 - c. This form should name both the surety (if any) and the principal when breach of bail terms is alleged.
 - d. If the Respondent is not the defendant, this summons should be treated as a new case.
 - e. If additional information is to be typed on the reverse of the form, carbon paper must be inserted.
 - f. This form provides a formal mechanism for documenting complaints about violations of court orders when a show cause summons is requested. It is not intended to supplement the ability of the court to issue show cause summons on its own motion.
 - g. Please note that the motion for show cause summons or capias may arise in a criminal or civil context. The motion may be prepared for a case that originated as a criminal matter, for instance, by a Commonwealth's attorney against a defendant who failed to pay fines and costs. The judge has the option to issue a criminal show cause, DC-360 SHOW CAUSE SUMMONS, or a capias, DC-361 CAPIAS, on such motion ordering the person or corporation to appear in court and show cause why the court should not take action. The motion may be prepared for or by a party in a civil lawsuit who wishes to report to the court that the defendant is not in compliance with the court's order. Similarly, the judge may issue a show cause summons or capias in those cases.

MOTION FOR SHOW CAUSE SUMMONS OR CAPIAS

Commonwealth of Virginia

Case No. **1**

..... **2**
HEARING DATE AND TIME

..... **3** General District Court

This motion is filed in connection with Case No. **4**

5
Party Making this Request:

6
NAME
.....
ADDRESS/LOCATION
.....
.....

v. |

Party to be Served:

7
NAME
.....
ADDRESS/LOCATION
.....
TELEPHONE NUMBER

COMPLETE DATA BELOW IF KNOWN									
RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			
SSN 8									

The undersigned respectfully represents to the Court that the respondent should,
9 pursuant to Va. Code § 19.2-306, serve the sentence previously suspended on for conviction of
DATE
because

10 pursuant to Va. Code § 19.2-123, have his or her recognizance revoked or modified because of the following violation of conditions of release:
.....

11 be imprisoned, fined or otherwise punished or dealt with according to law

12 pursuant to Va. Code §§ 18.2-456/16.1-69.24 for failure to obey an order of this court
ordering
such act of the respondent being described as on
DATE

13 pursuant to Va. Code §§ 18.2-456/16.1-69.24 § 19.2-358 § 19.2-305.2 (restitution only), for failure to pay fines, costs, forfeitures, restitution and/or penalties or an installment thereof; payment due:
\$ on
DATE

14 pursuant to § 18.2-271.1, have his or her VASAP participation revoked because § 46.2-395, have his or her driving privilege revoked because

15 { pursuant to § 19.2-303.3, have his or her local community-based probation revoked or modified because
.....
 pursuant to § 19.2-304, have his or her probation period or conditions modified as follows:
because

16 pursuant to § 4.1-305 § 18.2-57.3 § 18.2-251 § 19.2-303.2, have his or her deferral of proceedings revoked and be subjected to the proceedings as provided by law because

17 (Other – Explain)

Therefore, the undersigned requests the issuance of process to the respondent to answer the above motion.

18
DATE

19
TITLE

20
SIGNATURE

**Form DC-420 MOTION FOR SHOW CAUSE SUMMONS OR CAPIAS Form DC-420
(GENERAL DISTRICT)**

Data Elements

1. Court case number.
2. Hearing date and time.
3. Court name.
4. Case number of underlying case.
5. Name of underlying case.
6. Name and street address of party making request for court to issue show cause or capias. Space is provided for additional location information.
7. Name, street address and telephone number of party to be served. Space is provided for additional location information.
8. Description of party to be served.
9. If violation of conditions of suspended sentence is alleged, check this box, insert date of sentence, suspended, and conviction and insert a description of the alleged violation of conditions. See Using This Form, 4.b.
10. If breach of bail conditions is alleged, check this box, insert name of person released on bail, and insert a description of the alleged breach of bail conditions. See Using This Form, 4.c.
11. Check this box if any of the Data Elements below (Data Elements Nos. 12 or 13) is checked.
12. If respondent allegedly failed to obey some other type of order not covered by other Data Elements, check this box (if applicable) name the court whose order was violated, and describe the terms of the order that were allegedly violated.
13. If respondent allegedly failed to make a timely payment, check this box, and insert the amount of the payment due and its due date.
14. If respondent allegedly violated conditions of restricted driving privilege or VASAP, check this box and describe the violation.
15. If respondent allegedly violated conditions of probation, check the box and describe the violation.
16. If respondent has allegedly violated conditions of order for deferral, check the box and describe the violation.
17. Check this box and complete this section if other reasons exist for the issuance of this show cause summons or capias. If needed, continue on the reverse side. See Using This Form, 4.e.
18. Date of signing of the motion.
19. Title of person seeking the show cause.
20. Signature of person seeking the show cause.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to defendant. If more than one defendant, provide a copy for *each* defendant.
 - c. Second copy – to plaintiff.
2. All but Case Disposition prepared by plaintiff (claim, parties, and court name and address) and clerk (Data Element Nos. 3, 4, 5, and 19). Case Disposition, orders regarding bill of particulars and grounds of defense and order for payment of rent into court prepared by judge.
3. Attachments
 - a. Form DC-413, CERTIFICATE OF MAILING POSTED SERVICE, or its equivalent – if filed by plaintiff.
 - b. Form DC-325, REQUEST FOR WITNESS SUBPOENA – if completed before this form is issued.
 - c. Form DC-422, NOTICE OF HEARING TO ESTABLISH FINAL RENT AND DAMAGES.
 - d. Copy of five-day notice to pay or quit, or other notice of unlawful detainer, if required by statute.
4. Preparation details
 - a. This form merges the application (claim) and affidavit and civil warrant onto one form so that all but a few data elements needed for issuing the civil warrant are prepared by the plaintiff.
 - b. For Data Element No. 17, notices, such as the five-day notice to pay or quit, do not have to be attached to this form when issued, but such notice must be presented in court at trial either by attachment to this form or by being presented to the judge.
 - c. The data elements for service of process on the reverse of the SUMMONS FOR UNLAWFUL DETAINER are to be completed for each defendant who is served.
 - d. In lieu of a separate certificate of mailing, the plaintiff, the plaintiff's attorney, or the plaintiff's agent may complete Data Elements Nos. 10 and 11 on the back of the form if the mailing to defendants occurs at or prior to filing of the warrant.
 - e. On the reverse, Data Element Nos. 12, 13 and 14 are for optional use by clerks in tracking the issuance of post-judgment process. This data is added when such post-judgment process is prepared because the clerk's staff has to use the warrant in preparing and issuing post-judgment process.
 - f. This form contains a provision for the clerk to note that a Notice of Satisfaction for this judgment has been received and is attached.

SUMMONS FOR UNLAWFUL DETAINER

(CIVIL CLAIM FOR EVICTION)

VA. CODE § 8.01-126
Commonwealth of Virginia

1

CITY OR COUNTY

General District Court

2

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: Summon the Defendant(s) as provided below:
TO THE DEFENDANT(S): You are commanded to appear before this Court on

3

RETURN DATE AND TIME

to answer this civil claim.

4

DATE ISSUED

5

[] CLERK [] DEPUTY CLERK [] MAGISTRATE

CLAIM AND AFFIDAVIT: That Defendant(s) unlawfully detains and withholds from Plaintiff(s):

6

ADDRESS/DESCRIPTION OF DETAINED PROPERTY

and that the Defendant should be removed from possession based on the following:

7 [] unpaid rent []
and further that rent is due and owing and damages have been incurred as follows:

8

RENT

9

PERIOD

10

late fee

and \$ **11** damages for **12** with interest **13**

and \$ costs **14** and \$ **15** civil recovery and \$ **16** attorney's fees.

17 [] Plaintiff requests judgment for all amounts due as of the date of the hearing.

18 [] This summons is filed to terminate a tenancy pursuant to the Virginia Residential Landlord and Tenant Act, § 55-248.2 *et seq.* of the Code of Virginia.

All required notices have been given. **19**

[] PLAINTIFF(S) [] PLAINTIFF'S ATTORNEY [] PLAINTIFF'S AGENT

Subscribed and sworn to before me this **20** day of, 20

22

My commission expires:

21

NOTARY REGISTRATION NO. **23** [] CLERK [] DEPUTY CLERK [] MAGISTRATE [] NOTARY PUBLIC

24

[] City [] County of

CASE DISPOSITION

25

[] JUDGMENT that Plaintiff(s) recover against [] named DEFENDANT(S).

26 [] possession of the premises described above pursuant to § 8.01-128.

27 [] A hearing shall be held on to establish final rent and damages.

DATE AND TIME

28 [] Immediate writ of possession authorized pursuant to Virginia Code

[] § 8.01-129 based upon a judgment of default for [] a trustee's deed following foreclosure

29 [] the nonpayment of rent [] immediate non-remediable termination.

[] § 55-243(C) or § 55-248.34:1(D).

DEFENDANT(S) PRESENT? [] YES [] NO **30**

31

DATE

32

JUDGE

[] Rent, in the sum of \$ **33** and \$ **34** late fee

and \$ **35** damages with interest **36** and

RATE(S) AND BEGINNING DATE(S)

\$ **37** costs and \$ **38** civil recovery and \$ **39** attorney's fees.

40 HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] CANNOT BE DEMANDED

41 [] JUDGMENT FOR [] NAMED DEFENDANT(S) []

42 [] NON-SUIT [] DISMISSED DEFENDANT(S) PRESENT? [] YES [] NO **44**

45

DATE

46

JUDGE

CASE NO. **47**

48

PLAINTIFF(S) NAME(S) (LAST, FIRST, MIDDLE)

TELEPHONE NUMBER

v. **49**

DEFENDANT(S) NAME(S) (LAST, FIRST, MIDDLE)

TELEPHONE NUMBER

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice on the reverse about requesting a change of trial location and your right to prevent this unlawful detainer action through payment of amounts owed.

50 [] To dispute this case, you must appear on the return date to try this case

[] To dispute this case, you must appear on the return date for the judge to set another date for trial.

If you fail to appear and a default judgment is entered against you, a writ of possession may be issued immediately for possession of the premises.

Bill of Particulars ordered **51**
DUE DATE

Grounds of Defense ordered **52**
DUE DATE

ATTORNEY FOR PLAINTIFF(S) **53**

TELEPHONE NUMBER

ATTORNEY FOR DEFENDANT(S) **54**

TELEPHONE NUMBER

DISABILITY ACCOMMODATIONS for loss of vision, hearing, mobility, etc. Contact the court ahead of time.

HEARING DATE AND TIME

55

[] Redemption tender presented; continued to:

HEARING DATE AND TIME

[] Defendant must pay:

\$ **57**
RENT OWED

into the court to be held in escrow by

58

DATE

and any rents coming due prior to the next hearing date must also be paid into the court.

59

JUDGE'S INITIALS

MONEY JUDGMENT PAID OR SATISFIED PURSUANT TO ATTACHED NOTICE OF SATISFACTION

60

DATE

61

CLERK

Data Elements, front

1. Court name.
2. Court street address.

To be completed by court personnel:

3. Return date and time (date and time of scheduled appearance).
4. Date of issuance of this SUMMONS.
5. Signature of person issuing this SUMMONS. Check the appropriate title box below the signature line.
6. Insert street address and apartment number, if any; otherwise, give best location and description of property (such as "State Route 611, Box 72-A, Any place Co., Va."--2 bedroom white frame house).
7. Check and, if needed, insert reason why defendants allegedly are unlawfully detaining the property.
8. Total amount of unpaid rent to date.
9. Rental period for which rent is unpaid.
10. Amount of late fee, if applicable.
11. Damages, if any, caused by unlawful detainer.
12. Reasons for claiming damages.
13. Interest claimed, if applicable.
14. Amount of court costs claimed in this case.
15. Amount of civil recovery claimed.
16. Attorney's fee (if any) claimed.
17. Check this box if plaintiff requests judgment for all amounts due as of the date of the hearing.
18. Check this box if the case falls under the Virginia Residential Landlord and Tenant Act.

To be completed by person taking acknowledgement:

19. Signature of person filing the claim, stating notice has been given if required. Check the appropriate title box below the signature line.
20. Date of attestation.
21. Signature of person taking the attestation. Check the appropriate title box and, if appropriate, insert the status data of the signer below the signature line.
22. If notary public taking the attestation, insert notary's commission expiration date.
23. If notary public taking the attestation, insert notary's registration number.
24. Locality in which attestation taken. Check the appropriate box.

To be completed by the judge:

25. Check the box at margin to indicate that a judgment was given to plaintiff and check the correct box to indicate if judgment is entered against less than all defendants or judgment is entered against all defendants.
26. Check box if possession granted to plaintiff.
27. Check box if plaintiff requested time to establish final rent and damages and insert date and time of hearing.
28. Check if immediate writ of possession is authorized.
29. Check reason immediate writ of possession is authorized.
30. Check the applicable box. If there are multiple defendants and not all were present, list names of those present.

31. Date of entry of judgment for possession.
32. Signature of judge.
33. Amount of judgment for rent.
34. Late fee awarded.
35. Amount of damages awarded.
36. Interest rate in annual percentage rate and date from which interest runs.
37. Court costs assessed against the defendant.
38. Amount awarded for civil recovery.
39. Attorney's fees awarded by court.
40. Check applicable box.
41. Check the box on margin to indicate that judgment was for the one or more defendants and then check the first box if judgment for all defendants is entered. If judgment is for less than all defendants, name the defendants for whom judgment is entered.
42. Check if a nonsuit is entered.
43. Check if the case is dismissed as to all defendants. If dismissal is for less than all defendants, name the defendants for whom the case is dismissed.
44. Check box indicating if defendant(s) were present.
45. Date of entry of judgment for rent and damages.
46. Signature of judge.

47. Court case number.
48. Names and addresses of plaintiffs.
49. Names and addresses of defendants.

To be completed by the judge or clerk:

50. Check applicable box.
51. If judge orders filing of bill of particulars, insert the appropriate date.
52. If judge orders filing of grounds of defense, insert the appropriate date.
53. Name and address of plaintiff's attorney.
54. Name and address of defendant's attorney.

To be completed by judge or clerk

55. Return date. Space is left for adding continuance dates.
56. Check if redemption tender presented. Enter hearing date and time.
57. If continuance granted and judge orders defendant to pay rent to be held in escrow by the court, insert amount of rent owed.
58. Date by which rent owed must be paid into the court.
59. Judge's initials.
60. Date NOTICE OF SATISFACTION received and attached to SUMMONS.
61. Signature of clerk.

To the Defendant(s):

- (1) The preferred location for an Unlawful Detainer action is the city or county where the property is located. If the plaintiff has filed this case in a city or county other than where the property you rent is located, you may object to the location. The court may transfer the case to the preferred location, if the court agrees with you. The court may award costs and attorney's fees to you if the court agrees with your objection. To object to the location of the suit, you must do the following:
- Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the left column under the words "TO THE DEFENDANT(S)," (c) Plaintiff(s)' name(s) and your name(s), (d) "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
 - File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to the plaintiff.
 - If you mail your written request to the court, the clerk will notify you of the judge's decision.
- (2) If you pay the landlord or his attorney or pay into court all (i) rent due and owing as of the court date as contracted for in the rental agreement, (ii) other charges and fees as contracted for in the rental agreement, (iii) late charges contracted for in the rental agreement, (iv) reasonable attorney fees as contracted for in the rental agreement or as provided by law, and (v) costs of the proceeding as provided by law, this unlawful detainer action will be dismissed pursuant to Virginia Code § 55-243 or 55-248.34:1. You may exercise this right only once every 12 months that you continue to live in the same place, regardless of the term of the rental agreement or any renewal term.
- (3) You may tell your landlord that you want another person to receive a copy of this summons, and the landlord shall send a copy to that person. However, the person you identify will not, by receiving a copy of the summons, become a party to the case or be able to challenge the landlord's actions on your behalf. Virginia Code § 55-248.9:1

I certify that I mailed a copy of this document to the defendants named therein at the address show therein on

..... **10** **11**
DATE [] PLAINTIFF [] PLAINTIFF'S ATTORNEY [] PLAINTIFF'S AGENT

Fi. Fa. issued on **12**
 Interrogatories issued on **13**
 Garnishment issued on **14**

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

Name	1
Address	2
<input checked="" 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 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. 5 <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 checked="" type="checkbox"/> Not found	7 <small>SERVING OFFICER</small>
..... 8 for	9
<small>DATE</small>	
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	..... <small>SERVING OFFICER</small>
..... for .....	.....
<small>DATE</small>	

Data Elements, reverse

1. Name of person to be summoned. If person is a corporation's officer, designated agent, managing employee or registered agent, show name of corporation on second line.
2. Address and telephone number of person to be summoned.

To be completed by serving officer:

3. Check this box if personal service obtained.
4. Serving officer to check the appropriate box to designate type of substitute service.
5. If served by leaving the subpoena with a family member age 16 or older, check appropriate box and insert required information.
6. Check this box if unable to serve process.
7. Signature of serving officer.
8. Date of signature.
9. Name of sheriff if served by deputy sheriff.

10. Date that plaintiff, plaintiff's attorney, or plaintiff's agent mailed copy of pleading to defendant.
11. Signature of person mailing the pleading. Check the appropriate title box below the signature line.

For use by clerk:

12. Date(s) writ of fieri facias was issued.
13. Date(s) summons to answer interrogatories was issued.
14. Date(s) garnishment summons was issued.

Using This Revisable PDF Form

1. Copies
 - a. Original – to defendant/respondent.
 - b. First copy – to district court and filed with case papers.
2. Prepared by plaintiff.
3. Attachments – none.
4. Preparation details

This form is to be used to provide notice to a defendant/respondent of the hearing to establish final rent and damages in an unlawful detainer action where the court granted a continuance after granting possession to determine final rent and damages due. The plaintiff should provide the defendant/respondent the amounts requested. The notice must be mailed at least 15 days prior to the date of the hearing.

**NOTICE OF HEARING TO ESTABLISH
FINAL RENT AND DAMAGES**

Commonwealth of Virginia VA. CODE § 8.01-128

Case No. **1**

Circuit Court
 General District Court

2
CITY OR COUNTY

3
COURT ADDRESS

This notice is filed in connection with Case No. **4**

5 PLAINTIFF v. **6** DEFENDANT

The plaintiff hereby gives notice to the defendant/respondent that, because of a hearing on

7 upon a Summons for Unlawful Detainer for
DATE

8
ADDRESS/DESCRIPTION OF DETAINED PROPERTY

at which the above named court granted a final, appealable judgment for possession of the property unlawfully entered or detained, a writ of possession for the premises, and upon the continuance of the case, **another hearing will be held on**

9 at **10** to establish final rent and damages in the following amount(s):
DATE TIME

\$ **10** rent due for **11**
RENT PERIOD OF TIME

and \$ **12** late fee and \$ **13** damages for **14**

with interest **15** and \$ **16** costs and \$ **17** civil recovery
RATE(S) AND BEGINNING DATE(S)

and \$ **18** attorney's fees. **19** See attached sheet for itemized damages.

Total rent and damages claimed \$ **20**

The plaintiff further notifies the defendant/respondent that the plaintiff seeks judgment in the amount(s) specified above.

The undersigned hereby certifies to mailing this notice to the defendant at the defendant's last known address of

21
ADDRESS

on **22** (must be at least 15 days prior to the continuance date specified above).
DATE OF MAILING

A copy of this notice has been filed with the court.

23
DATE

24
 PLAINTIFF PLAINTIFF'S ATTORNEY

25
PRINT NAME

ADDRESS/TELEPHONE NUMBER OF SIGNATOR

Data Elements

1. Court case number.
2. Jurisdiction name. Check the appropriate box to indicate the court.
3. Street address of court.
4. Case number of unlawful detainer action.
5. Name and address of plaintiff.
6. Name and address of defendant.
7. Date of hearing at which possession was granted.
8. Address and/or description of the property at issue.
9. Date and time of hearing on the issue of rent and damages.
10. Amount of rent requested.
11. Rental period for which rent is unpaid.
12. Amount of late fee, if applicable.
13. Damages, if any, caused by unlawful detainer.
14. Reasons for claiming damages.
15. Interest claimed, if applicable.
16. Amount of court costs claimed in this case.
17. Amount of civil recovery claimed, if any.
18. Attorney's fee, if any, claimed.
19. Check box if attaching sheet detailing itemized damages.
20. Amount of total rent and damages claimed.
21. Address to which the notice was mailed.
22. Date notice was mailed to defendant.
23. Date of signature.
24. Signature of plaintiff or plaintiff's attorney.
25. Printed name, address and phone number of person signing the notice.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to principal defendant. If more than one defendant, prepare additional copies for each principal defendant and co-defendant listed in Data Element No. 17.
 - c. Second copy – to plaintiff.
2. Prepared by plaintiff except as to acknowledgements acknowledged by clerk, magistrate or judge.
3. Attachments
 - a. List of facts supporting the ground of attachment.
 - b. Form DC-424, DISTRESS WARRANT.
 - c. Form DC-447, PLAINTIFF’S BOND FOR LEVY OR SEIZURE.
4. Preparation details
 - a. The facts listed in the list of facts must support the legal basis (grounds of attachment) listed in Data Element No. 17. The list of such grounds is printed on the back.
 - b. If “levy and take into possession (seize)” is check in Data Element No. 18, then Grounds of Attachment Nos. 7 and 8 must be alleged and these two grounds can be alleged only in pre-trial distress seizure (Va. Code § 55-232.1).
 - c. Distress can be used only to recover rent. Damages may be recovered through other civil process, such as by warrant in debt or by attachment.

DISTRESS PETITION

Virginia Code §§ 55-230

Case No. 1

2
COURT NAME

3
PLAINTIFF(S)

v.

5
PRINCIPAL DEFENDANT(S)

4
ATTORNEY FOR PLAINTIFF(S)

6
CO-DEFENDANT(S)

STATEMENT

Rent	\$ <u>7</u>
Bond Premium (if any)	\$ <u>8</u>
Attorney's Fee (by contract)	\$ <u>9</u>
Court Fees and Costs	\$ <u>10</u>
Storage (estimated to hearing date)	\$ <u>11</u>
TOTAL CLAIMED	\$ <u>12</u>

I. Plaintiff(s)' claims against principal Defendant(s) are to recover rent from within five (5) years from the time that it became due to the date of this petition, which was reserved upon contract, in the amount of

(a) \$ 13 (b) 14
(DESCRIPTION AND VALUE)

II. The items of property subject to distraint are:

15 (a) All non-exempt items of personal property are located at the address of the principal defendant(s) listed below
(b) The following items of personal property

which are located at

16 the address of the co-defendant(s) listed below

PLAINTIFF(S)--states that the prerequisite Grounds for Attachment number 17 (from list on Page Two) is present in this case and a list of facts supporting this grounds is attached and incorporated into this petition.

PLAINTIFF(S)--therefore requests the following specific relief (if any):

18 levy
 levy and take into possession (seize) } the following property:

19 the property described in II(b), above with an estimated fair market value of \$ 19
 such property in the estate of the principal defendant(s) as will satisfy the amount shown in TOTAL CLAIMED above

and such other further relief as may be required and appropriate.

The statements above are true and accurate to the best of my knowledge and belief.

20
 PLAINTIFF PLAINTIFF'S AGENT PLAINTIFF'S ATTORNEY

FOR NOTARY PUBLIC'S USE ONLY:

State of 21 City County of 22

Acknowledged, subscribed and sworn to before me this 23 day of _____, 20 _____

24
NOTARY REGISTRATION NUMBER

25
NOTARY PUBLIC
(My commission expires: 26)

Data Elements

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Court case number. 2. Name of court. 3. Name(s) and street address(es) of plaintiff(s). 4. Insert names of petitioner's/ plaintiff's attorney(s). 5. Name(s) and street(es) of principal defendant(s). 6. Name(s) and street address(es) of co-defendants (if any). 7. Insert amount of rent or value or property claimed as rent (Data Element Nos. 13 and 14). 8. If surety is used to secure PLAINTIFF'S BOND FOR LEVY OR SEIZURE, form DC-447, include bond premium. 9. If claim involves a contract allowing attorney's fees to be collected insert estimated attorney's fees. 10. Insert estimated court fees and costs if actual fees are not known. Otherwise, use actual fees. 11. Insert estimated storage fees. 12. Insert total amount claimed. 13. Check and insert amount if unpaid rent. 14. Check and complete description if unpaid rent is expressed in some property other than money (such as a share of a crop) and include the value of such property if known. | <ol style="list-style-type: none"> 15. Check the applicable box and, if appropriate, describe the property subject to distraint. 16. Check the applicable box and, if appropriate, insert the address at which the property described in Data Element No. 15 may be found for levy or seizure. 17. Insert number from back of form stating legal basis of grounds of attachment. 18. Check specific type of action sought by the plaintiff. 19. Check (and complete if appropriate) the description of property to be attached. 20. Signature of plaintiff or his agent or attorney. Check the appropriate title box below the signature line. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>To be completed by Notary Public:</p> <ol style="list-style-type: none"> 21. Enter name of state. 22. Check applicable box and enter the city or county where acknowledgement is taken. 23. Date of acknowledgement of this document. 24. Enter Notary's registration number. 25. Signature of Notary Public. 26. Notary's registration number. </div> |
|---|---|

A. The principal defendant or one of the principal defendants:

- A. (1) Is a foreign corporation, or is not a resident of this Commonwealth, and has estate or has debts owing to such defendant within the county or city in which the attachment is, or that such defendant being a nonresident of this Commonwealth, is entitled to the benefit of any lien, legal or equitable, on property, real or personal, within the county or city in which the attachment is. The word "estate," as herein used, includes all rights or interest of a pecuniary nature which can be protected, enforced, or proceeded against in courts of law or equity;
- A. (2) Is removing or is about to remove himself out of this Commonwealth with intent to change his domicile;
- A. (3) Intends to remove, or is removing, or has removed the specific property sued for, or his own estate, or the proceeds of the sale of his property, or a material part of such estate or proceeds, out of this Commonwealth so that there will probably not be therein effects of such debtor sufficient to satisfy the claim when judgment is obtained therefore should only the ordinary process of law be used to obtain the judgment;
- A. (4) Is converting, is about to convert or has converted his property of whatever kind, or some part thereof, into money, securities or evidences of debt with intent to hinder, delay or defraud his creditors;
- A. (5) Has assigned or disposed of or is about to assign or dispose of his estate, or some part thereof, with intent to hinder, delay or defraud his creditors;
- A. (6) Has absconded or is about to abscond or has concealed or is about to conceal himself or his property to the injury of his creditors, or is a fugitive from justice.

The intent mentioned in Subdivision A(4) and A(5) above may be stated either in the alternative or conjunctive.

B. The specific personal property sought to be levied or seized:

- B. (1) Will be sold, removed, secreted or otherwise disposed of by the defendant, in violation of an obligation to the plaintiff, so as not to be forthcoming to answer the final judgment of the court respecting the same; or
- B. (2) Will be destroyed, or materially damaged or injured if permitted to remain in the possession of the principal defendant or one of the principal defendants or other person or persons claiming under them.

C. In an action for rent, there is an immediate danger that the property subject to the landlord's lien for rent will be destroyed or concealed.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to principle defendant. If more than one defendant, prepare additional copies for each principle defendant and co-defendant as described on form DC-445, ATTACHMENT PETITION.
 - c. Second copy – to plaintiff.
2. Front of form prepared by judge, or magistrate; back completed by executing officer.
3. Attachments
 - a. Form DC-423, DISTRESS PETITION.
 - b. Form DC-447, PLAINTIFF’S BOND FOR LEVY OR SEIZURE, must be posted. See Preparation Details, (c).
4. Preparation details
 - a. The items described in Data Element No. 15 on the front side of form DC-423, DISTRESS PETITION, have been selected by the plaintiff for levy or seizure. If not so selected, then the serving officer selects the items to be distrained.
 - b. No DISTRESS WARRANT may be issued until proper bond is posted. In calculating the amount of bond needed, use the higher of the values listed in Data Element Nos. 12 and 19 on form DC-423, DISTRESS PETITION.
 - c. Data Element No. 16 is the number of the court receipt issued by the clerk.

DISTRESS WARRANT

Commonwealth of Virginia

VA. CODE ANN. § 55-230

..... **1** General District Court

..... **2**
STREET ADDRESS OF COURT

4 Petition granted: **3** Hearing Date and Time

5	Method of Distraint	<input type="checkbox"/> Bond given 6	A copy of petition and the bond accompany this warrant
	<input type="checkbox"/> Levy only		
	<input type="checkbox"/> Seizure (levy and take into possession)		

TO THE SHERIFF:

You are commanded to distrain by the method of distraint described above,

7 the specific property claimed in the petition, and so much more of the non-exempt personal property of the Principal Defendant(s) as shall be necessary to cover the costs of the distress, the total amount claimed being the same as shown in the petition;

OR

8 so much of the personal property of the Principal Defendant(s) not exempt from execution as will be sufficient to satisfy the plaintiff's demand and, if taken into possession, to be kept safely in his possession to satisfy any judgment that may be covered by Plaintiff(s) in such distraint; the total amount claimed being as shown in the petition;

and to make your return on the reverse side of this warrant. You are further commanded to summon the Principal Defendant(s) to appear and answer the attached petition for distress and to serve a copy of this warrant on the Co-Defendant(s), if any.

TO THE PRINCIPAL DEFENDANT(S):

You are commanded to appear before this Court at the HEARING DATE AND TIME shown above to answer the claims of the Plaintiff(s) as described in the attached petition.

TO THE PRINCIPAL DEFENDANT(S) AND (IF ANY) CO-DEFENDANTS:

If you possessed the property described in the petition and it was not seized by the Sheriff or a deputy sheriff, *you must not* remove, hide, alter, destroy, convert, sell, give away, pledge, pawn, assign or otherwise dispose of such property until otherwise ordered by this court. Failure to comply with this requirement could result in a fine and a jail sentence for contempt of court. You have the following rights:

- To have a hearing within 10 business days from your request for a hearing. At each hearing, you may contest the claim of the Plaintiff(s). You may also establish at the hearing the existence of any exemptions which would permit you or someone else to keep some or all of the property free from this distress.
- To post a bond with the sheriff to regain the property taken or to release the property from the distress lien.

It may be helpful for you to seek the advice of an attorney in this matter.

Petition denied

..... **9**
DATE ISSUED

..... **10**
 MAGISTRATE JUDGE

CASE NO. 12

PLAINTIFF(S)
..... **13**

..... **V.**

PRINCIPAL DEFENDANT(S):
..... **14**

CO-DEFENDANT(S)
..... **15**

DISTRESS WARRANT

RECEIPT NO. 16	DATE FEE RECEIVED 17
--------------------------	--------------------------------

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice on Page Two about requesting a change of trial location.

- To dispute this claim, you must appear on the return date to try this case.
- To dispute this case, you must appear on the return date for the judge to set another date for trial.

Attorney for Plaintiff(s)
19

HEARING DATE AND TIME

..... **20**

Data Elements, page one

1. Jurisdiction name.
2. Court street address.
3. Check if petition is granted.
4. Date and time of hearing.
5. Check appropriate box to show method of distraint requested by plaintiff.
6. Check after proper bond is accepted. See Using This Form, 4.b. Also, show amount of bond.
7. Check if plaintiff requests that specific property described in Distress Petition, DC-423 is to be distrained.
8. Check if plaintiff did not request distraint of any specific property in Distress Petition, DC-443.
9. Check if petition denied.
10. Date of issuance of Distress Warrant.
11. Signature of person issuing Distress Warrant. Check the appropriate title box below the signature line.
12. Court case number.
13. Name(s) and street address(es) of plaintiff(s).
14. Name(s) and street address(es) of principal defendant(s).
15. Name(s) and street address(es) of co-defendant(s).
16. Court receipt numbers.
17. Date on which clerk received fees.
18. Check box for method used to set contested cases.
19. Name and address of plaintiff's attorney.
20. Hearing date and time. Extra space allowed for continuances.

INVENTORY OF ITEMS SEIZED

I, the undersigned officer, this day levy on or seize the following items and no others. (Where my initials appear in the "SEIZED" column, the corresponding item was taken into my possession.)

SEIZED (Initial)	ITEM
1	1. 2
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.
	11.
	12.
3 DATE	by 4 , SHERIFF by 5 , DEPUTY SHERIFF

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on Page One of this form in the top right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If mailed to the court, you will be notified of the judge's decision.

RETURNS: Each defendant was served according to law, as indicated below, unless not found, with a copy of both this summons and the § 8.01-546.1 form.

NAME..... **6**

ADDRESS..... **7**

8 PERSONAL SERVICE Tel. No.....

Being unable to make personal service, a copy was delivered in the following manner:

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.

..... **10**

9 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.)

Served on Secretary of the Commonwealth.

11 Not found

..... **12**
SERVING OFFICER

13 for **14**
DATE

NAME.....

ADDRESS.....

PERSONAL SERVICE Tel. No.....

Being unable to make personal service, a copy was delivered in the following manner:

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.

.....

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.)

Served on Secretary of the Commonwealth.

Not found

.....
SERVING OFFICER

..... for

DATE

Data Elements, page two

1. Initials of seizing officer beside each item taken into physical possession by the seizing officer.
2. Description of items levied or seized.
3. Date of levy or seizure.
4. Signature of sheriff if sheriff actually levied or seized property; name of sheriff (printed or typed) if levy or seizure made by deputy sheriff.
5. Signature of deputy sheriff if deputy sheriff actually levied or seized property.
6. Name of person to be summoned. If person is corporation's registered agent, show name of corporation on second line.
7. Address and telephone number of person to be summoned.
8. Check this box if personal service obtained.
9. Serving officer to check the appropriate box to designate type of substitute service.
10. If served by leaving the summons with a family member of age 16, check the appropriate box and insert required information.
11. Check this box if unable to serve process.
12. Signature of service officer.
13. Date of signature.
14. Name of sheriff if served by deputy sheriff.

Using This Form

1. Copies (Contact the clerk's office to determine if you need to provide copies or if copies will be made by the clerk's office.)
 - a. Original – to court.
 - b. First copy – to defendant. If more than one defendant, provide a copy for each defendant.
 - c. Second copy – to plaintiff.
2. Prepared by plaintiff (claim, parties and court name and address) and clerk (Data Elements 3, 4, 5, 10, 11, 15, 16, 17).
3. Possible attachments:
 - a. Form DC-325, REQUEST FOR WITNESS SUBPOENA – if completed before this form is issued.
 - b. Form DC-413, CERTIFICATE OF MAILING, or its equivalent--if filed by plaintiff.
 - c. Form DC-480, Case DISPOSITION
4. Preparation details
 - a. This form merges the application (claim) and civil warrant onto one form so that all but a few data elements needed for issuing the civil warrant are prepared by the plaintiff.
 - b. The data elements for service of process on page two of the WARRANT IN DEBT are to be completed for each defendant who is served.
 - c. In lieu of a separate certificate of mailing, the plaintiff may complete Data Elements Nos. 10 and 11 on page two of the form if the mailing to defendants occurs at or prior to filing of the warrant.
 - d. On page two, Data Elements Nos. 12, 13 and 14 are for optional use by clerks in tracking the issuance of post-judgment process. This data is added when such post-judgment process is prepared because the clerk's staff has to use the warrant in preparing and issuing post-judgment process.

WARRANT IN DEBT—INTERPLEADER

Commonwealth of Virginia Va. Code § 16.1-79

..... **1** General District Court
CITY OR COUNTY

..... **2**
STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summon the Defendant(s).
TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

..... **3** to answer the Plaintiff(s)' civil claim and interplead your claims (see below)
RETURN DATE AND TIME

..... **4** DATE ISSUED
..... **5**
[] CLERK [] DEPUTY CLERK [] MAGISTRATE

CLAIMS: Plaintiff(s) claim that Defendant(s) have or may have claims in the following personal or real property or money held by or on behalf of Plaintiff(s).

..... **6**
DESCRIPTION

Plaintiff(s) further claim that:

[] no other case is connected with this Warrant in Debt } **7**
[] this action is connected with

..... v.
PLAINTIFF(S) DEFENDANT(S)

.....
COURT NAME AND CASE NUMBER

Plaintiff(s) request that this court determine the rights of the parties to the personal or real property or money described above.

..... **8**
DATE
..... **9**
[] PLAINTIFF [] PLAINTIFF'S EMPLOYEE/AGENT [] PLAINTIFF'S ATTORNEY

CASE DISPOSITION

Use Form DC-480

DISABILITY ACCOMMODATIONS

for loss of hearing, vision, mobility, etc., contact the court ahead of time.

RETURN DATE **10** CASE NO. **11**
Connecting Case No. **12**
PLAINTIFF(S)
13
DEFENDANT(S) v.
14

WARRANT IN DEBT – INTERPLEADER

* * *

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice on the reverse about requesting a change of trial location.

[] To dispute this claim, you must appear on the return date to **15** try this case.

[] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

* * *

Bill of Particulars **16**
ORDERED DUE

Grounds of Defense **17**
ORDERED DUE

ATTORNEY FOR PLAINTIFF(S)
..... **18**

ATTORNEY FOR DEFENDANT(S)
..... **19**

Data Elements, Page One

1. Court name.
2. Court street address.

To be completed by the Clerk:

3. Return date and time (date and time of scheduled appearance).
 4. Date of issuance of this WARRANT IN DEBT.
 5. Signature of person issuing this WARRANT IN DEBT. Check the appropriate title box below the signature line.
6. Amount of money or description of personal or real property which is the basis of this interpleader action.
 7. Check the applicable box. If this interpleader is in connection with another pending case, also insert the case name and the court in which the case is pending.
 8. Date of signing of claim.
 9. Signature of person filing the claim. Check the appropriate title box below the signature line.

To be completed by the Clerk:

10. Return date. Space is left for adding continuance dates.
11. Court case number.

12. Court case number of connecting case described in Data Element No. 7.
13. Names and addresses of plaintiffs.
14. Names and addresses of defendants.

To be completed by the Clerk or Judge:

15. Check box for method used to set contested cases.
16. If judge orders filing of bill of particulars, insert the appropriate dates.
17. If judge orders filing of grounds of defense, insert the appropriate dates.

18. Name and address of plaintiff's attorney.
19. Name and address of defendant's attorney.

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME 1	
.....	
ADDRESS 2	
.....	
[3] PERSONAL SERVICE	Tel. No.
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.	
4	..... 5
<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 Secretary of the Commonwealth	
6	<input type="checkbox"/> Not found 7
SERVING OFFICER	
..... 8	for 9
DATE	

NAME 1	
.....	
ADDRESS 2	
.....	
[3] PERSONAL SERVICE	Tel. No.
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.	
4	..... 5
<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 Secretary of the Commonwealth	
6	<input type="checkbox"/> Not found 7
SERVING OFFICER	
..... 8	for 9
DATE	

NAME 1	
.....	
ADDRESS 2	
.....	
[3] PERSONAL SERVICE	Tel. No.
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.	
4	..... 5
<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 Secretary of the Commonwealth	
6	<input type="checkbox"/> Not found 7
SERVING OFFICER	
..... 8	for 9
DATE	

OBJECTION TO VENUE:

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on	
10 DATE	..... 11
	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Plaintiff's Atty. <input type="checkbox"/> Plaintiff's Employee/Agent
Fi. Fa. issued on 12	
Interrogatories issued on 13	
Garnishment issued on 14	

Data Elements, Page Two

1. Name of person to be summoned. If person is a corporation's registered agent, show name of corporation on second line.
2. Address and telephone number of person to be summoned.

To be completed by Serving Officer:

3. Check this box if personal service obtained.
4. Serving officer to check the appropriate box to designate type of substitute service.
5. If served by leaving the subpoena with a family member age 16 or older check appropriate box and insert required information.
6. Check this box if unable to serve process.
7. Signature of serving officer.
8. Date of signature.
9. Name of sheriff if served by deputy sheriff.

10. Date that plaintiff mailed copy of pleading to defendant.
11. Signature of person mailing the pleading. Check the appropriate title box below the signature line.

For court use only:

12. Date(s) WRIT OF FIERI FACIAS was issued.
13. Date(s) SUMMONS TO ANSWER INTERROGATORIES was issued.
14. Date(s) on WRIT GARNISHMENT SUMMONS was issued.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to defendant. If more than one defendant, provide a copy for *each* defendant.
 - c. Second copy – to plaintiff.
 - d. Additional copies as dictated by local practice.
2. Prepared by tenant-plaintiff except Data Element Nos. 14 and 15 which are prepared by court personnel.
3. Attachments
 - a. Form DC-430, SUMMONS FOR HEARING.
 - b. Form DC-325, REQUEST FOR WITNESS SUBPOENA, if completed before this form is issued.
4. Preparation details
 - a. The tenant should be shown the conditions on the reverse of the form outlining what he must do to use this landlord-tenant procedure.
 - b. Return of service of process should not be made on this form. Service of process should be made on the form DC-430, SUMMONS FOR HEARING.

TENANT'S ASSERTION AND COMPLAINT

Commonwealth of Virginia

VA. CODE §§ 55-225.12; 55-248.27

1

..... General District Court

2

.....
STREET ADDRESS OF COURT

I, the undersigned Tenant, this day assert that Plaintiff(s) executed a lease as indicated with Defendant(s) for the rental of the dwelling unit or premises indicated.

DATE LEASE EXECUTED 3	DATE RENTAL PERIOD COMMENCED 4	DATE RENTAL PERIOD ENDS 5
AMOUNT OF RENT 6	PERIOD AND CONDITIONS OF PAYMENT 7	
	due each	

The following conditions, for which relief is sought, currently exist in the dwelling unit or premises:

8

....., and these conditions

9

- constitute material non-compliance by Defendant(s) – Landlord(s) with the rental agreement as indicated below; [or]
- constitute material non-compliance by Defendant(s) – Landlord(s) with the provisions of law, as indicated below; [or]
- will constitute a fire hazard or serious threat to the life, health, or safety of occupant, if not promptly corrected, as indicated below;

10

.....
LIST PERTINENT SECTION OF RENTAL AGREEMENT [OR] SECTION OF THE CODE OF VIRGINIA [OR] TYPE OF HAZARD. EXPLAIN.

Plaintiff(s) – Tenant(s) therefore requests that the Court grant the following specific relief:

11

..... and any other appropriate relief.

I certify that all prerequisite conditions for relief, as shown on the reverse of this form, have been met.

12

.....
DATE

13

.....
TENANT

RETURN DATE

14

CASE NO.

15

**TENANT'S ASSERTION
AND COMPLAINT**

16

.....
PLAINTIFF(S) – TENANT(S)

v.

17

.....
DEFENDANT(S) – LANDLORD(S)

ADDRESS/LOCATION OF DWELLING UNIT OR PREMISES
SUBJECT TO THIS ACTION

18

Data Elements, page one

1. Court jurisdiction.
2. Street address of court.
3. Date that lease was signed by both parties.
4. Date on which the lease started.
5. Date on which the lease ends.
6. Amount of each installment of rent as provided in the lease.
7. Date on which payment is due as specified in the lease, and period of time (weekly, monthly, etc.) covered by each rent payment. Include other conditions of payment, such as grace periods after the due date.
8. Specific factual conditions which justify the withholding of rent and depositing the rent in the general district court.
9. Type of legal violation caused by the specific factual conditions described in Data Element No. 8.
10. List specific provisions in the lease, such as rent abatement, mandatory repairs, termination of lease, etc., specific section of the Virginia Code, or type of hazard constituting violation, and explain.
11. Specific relief sought by the tenants, such as rent abatement, mandatory repairs, termination of lease, etc.
12. Date of signature.
13. Signature of tenant.
14. Return date.
15. Court case number.
16. Name(s) and address(es) of plaintiffs.
17. Name(s) and address(es) of defendants.
18. Address or location of rental property that is the subject of this suit.

PREREQUISITE CONDITIONS FOR RELIEF

BEFORE THIS COURT MAY GRANT ANY RELIEF, THE FOLLOWING CONDITIONS MUST BE MET:

1. The dwelling unit or premises which is the subject of the complaint must be located within the jurisdiction of this Court, that is, within the city or county indicated in the name of this Court.
2. The conditions existing in the dwelling unit or premises for which relief is sought must not have been caused by Plaintiff(s) – Tenant(s), nor by the family, guests or invitees of Plaintiff(s) – Tenant(s).
3. The Plaintiff(s) – Tenant(s) must not have unreasonably refused entry to the Defendant(s) – Landlord(s), or the agents of Defendant(s) – Landlord(s) when entry was sought to make the necessary repairs.
4. Prior to commencement of the action, the landlord was served a written notice by the tenant of conditions described on the front of this form, or was notified of such conditions by a violation or condemnation notice from an appropriate state or municipal agency, and that the landlord has refused, or having a reasonable opportunity to do so, has failed to remedy the same through no fault on the Tenant's part. Such written notice may be served by (a) regular mail (postage prepaid), with the sender retaining proof of mailing (such as a U.S. Postal Service certificate of mailing) or (b) hand delivery by the sheriff or a disinterested third party, 18 years of age or older, when delivery made in accordance with Chapter 8 of Title 8.01 of the Code of Virginia.
5. Any and all rents due under the lease, or as modified by the Court, have been paid into the Court within five days of their due date.
6. This action in this Court is the solely remedy now being sought by the Plaintiff(s) – Tenant(s) for the conditions existing in the dwelling unit or premises that are the subject of this complaint.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to defendant. If more than one defendant, prepare additional copies.
 - c. Second copy – to plaintiff.
 - d. Additional copies are dictated by local practice.
2. All but Case Disposition portion prepared by clerk or magistrate; Case Disposition portion prepared by judge.
3. Attachments
 - a. Form DC-413, CERTIFICATE OF MAILING, or its equivalent, if filed by plaintiff.
 - b. Form DC-429, TENANT’S ASSERTION AND COMPLAINT – if used.
 - c. Any other civil petition or motion in general district court which needs a service of process documented.
4. Preparation details
 - a. This form is designed primarily for use as a summons in conjunction with form DC-429, TENANT’S ASSERTION AND COMPLAINT.
 - b. The Case Disposition portion is designed to permit the judge to award judgments to both parties, especially in landlord-tenant cases when the landlord or the tenant each are awarded a portion of the rent funds escrowed into the court.
 - c. Data Element No. 21 is the number of the court receipt issued by the clerk.
 - d. On page 2, Data Element Nos. 12, 13, and 14 are for optional use by clerks in tracking the issuance of post-judgment process. This data is added when such post-judgment process is prepared because the clerk’s staff has to use the summons in preparing and issuing post-judgment process.

SUMMONS FOR HEARING

Commonwealth of Virginia

..... **1** General District Court
CITY OR COUNTY

..... **2**
STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER:

You are hereby commanded to summon the Defendant(s) to appear on

..... **3** before this court to answer
DATE AND TIME

4 [] the attached assertion

[] Other: **4**

..... **5**
DATE ISSUED

..... **6**
[] CLERK [] MAGISTRATE

CASE DISPOSITION

Judgment **7** [] Plaintiff(s) \$
[] Defendant(s) \$

\$ **8** Costs awarded to [] Plaintiff(s) [] Defendant(s) **9**

Distribution of funds held in escrow in the court:

10 [] \$ Plaintiff(s) **11** [] \$ Defendant(s)

Other: **12**

13 [] NON-SUIT **14** [] DISMISSED

15 Defendant(s) present? [] Yes [] No

..... **16**
DATE ENTERED

..... **17**
JUDGE

CASE NO. 18
..... 19 PLAINTIFF(S)
.....
.....
.....
V.
..... 20 DEFENDANT(S)
.....
.....
.....

HEARING DATE AND TIME

28

SUMMONS FOR HEARING

RECEIPT NO. 21	DATE FEE RECEIVED 22
-----------------------	-----------------------------

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice on page two about requesting a change of trial location.

- 23** [] To dispute this claim, you must appear on the return date to try this case.
- [] To dispute this case, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars **24**
ORDERED DUE

Grounds of Defense **25**
ORDERED DUE

ATTORNEY FOR PLAINTIFF(S)

..... **26**

ATTORNEY FOR DEFENDANT(S)

..... **27**

Data Elements, *page one*

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Jurisdiction name. 2. Street address of court. 3. Date and time of hearing. 4. Check appropriate box for plaintiff's allegation. If "other" is checked, describe it on this form. 5. Date of issuance. 6. Signature of issuing official. Check the appropriate title box below the signature line. 7. Check the appropriate box if a judgment for money is awarded to plaintiff or defendant (or both) and insert the amount of the judgment beside the party awarded the judgment. 8. Amount of costs. 9. Check the appropriate box to indicate who is liable for costs. 10. If any escrowed funds are distributed to plaintiff, check the box and show how much was ordered to be distributed to plaintiff. 11. If any escrowed funds are distributed to defendant, check the box and show how much was ordered to be distributed to defendant. 12. Other provisions of the judgment. 13. Check if a non-suit is taken. 14. Check if case is dismissed. If dismissed as to less than all | <ol style="list-style-type: none"> defendants, insert names of defendants for whom the suit was dismissed. 15. Check the appropriate box. 16. Date of entry of order. 17. Signature of judge. 18. Court case number. 19. Name(s) and address(es) of plaintiff(s). 20. Name(s) and address(es) of defendant(s). 21. Court receipt number. 22. Date one which clerk received fees. 23. Check box for method used to set contested cases. 24. If judge orders filing of bill of particulars, insert the appropriate dates. 25. If judge orders filing of grounds of defense, insert the appropriate dates. 26. Name and address of attorney for plaintiff(s). 27. Name and address of attorney for defendant(s). 28. Hearing date and time (same as Data Element No. 3). |
|--|--|

OBJECTION TO VENUE

To the Defendant(s): If you believe that Plaintiff(s) have filed this suit in a city or county other than in a city or county in which this suit may be filed by law, you may file a written request to have the case tried in a general district court in a city or county in which the case may be filed by law. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on Page One of this form in the top right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) "I move to object to venue of this case in this court because" and state the reasons for your objection, and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date.
3. If mailed to the court, you will be notified only if your request is granted.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on

10
11
DATE

Plaintiff
 Plaintiff's Attorney
 Plaintiff's Employee

Fi. Fa. issued on **12**

Interrogatories issued on **13**

Garnishment issued on **14**

.....

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

Name **1**

Address **2**

.....

3 PERSONAL SERVICE Tel. No. **2**

4 Being unable to make personal service, a copy was delivered in the following manner:
 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.
 **5**

 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.)
 Served on Secretary of the Commonwealth.

6 Not found **7**
SERVING OFFICER

..... **8** for **9**
DATE

Name
 Address

PERSONAL SERVICE Tel. No.

Being unable to make personal service, a copy was delivered in the following manner:
 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.

 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.)
 Served on Secretary of the Commonwealth.

Not found SERVING OFFICER

..... for
DATE

Data Elements, page two

1. Name of person to be summoned. If person is a corporation's registered agent, show name of corporation on second line.
2. Address and telephone number of person to be summoned.
3. Check this box if personal service obtained.
4. Serving officer to check the appropriate box to designate type of substitute service.
5. If served by leaving the subpoena with a family member over age 16, check appropriate box and insert required information.
6. Check this box if unable to serve process.
7. Signature of serving officer.
8. Date of signature.
9. Name of sheriff if served by deputy sheriff.
10. Date that plaintiff mailed copy of this summons as a pleading to defendant.
11. Signature of person mailing the pleading.
12. Date(s) writ of fieri facias was issued.
13. Date(s) summons to answer interrogatories was issued.
14. Date(s) on writ garnishment was issued.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to defendant. If more than one defendant, provide a copy for each defendant.
 - c. Second copy – to plaintiff.
2. All but Case Disposition prepared by plaintiff (Claim, parties, court name and address) and clerk (Data Element Nos. 3, 4, 5 and 18). Case Disposition, orders regarding bill of particulars and grounds of defense prepared by judge.
3. Preparation details
 - a. The data elements for service of process on the reverse of this form are to be completed for each defendant who is served.
 - b. In lieu of a separate certificate of mailing, the plaintiff, the plaintiff's attorney, or the plaintiff's agent may complete Data Elements Nos. 10 and 11 on page 2 of the form if the mailing to defendants occurs at or prior to filing of the warrant.
 - c. On page 2, Data Element Nos. 12, 13 and 14 are for optional use by clerks in tracking the issuance of post-judgment process. This data is added when such post-judgment process is prepared because the clerk's staff has to use this form in preparing and issuing post-judgment process.
 - d. This form contains a provision for the clerk to note that a Notice of Satisfaction for this judgment has been received and is attached.

TENANT'S PETITION FOR RELIEF FROM UNLAWFUL EXCLUSION

Commonwealth of Virginia VA. CODE §§ 55-225.2, 55-248.26

1 General District Court
CITY OR COUNTY

2 STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summon the Defendant(s).
TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address

on 3 to answer the Plaintiff(s)' civil claim (see below).
RETURN DATE AND TIME

4 DATE ISSUED
5 [] CLERK [] DEPUTY CLERK [] MAGISTRATE

CLAIM: I, the undersigned Plaintiff-Tenant, this day assert that Plaintiff(s)-Tenant(s) entered into a rental agreement as indicated with Defendant(s)-Landlord(s) for the rental of the premises indicated.

Table with 3 columns: DATE RENTAL AGREEMENT ENTERED INTO (6), DATE RENTAL PERIOD COMMENCED (7), DATE RENTAL PERIOD ENDS (8). Row 2: ADDRESS/LOCATION OF PREMISES (9)

I further assert that

- 10 [] the Defendant(s) unlawfully removed or excluded the Plaintiff(s) from the premises, specifically,
[] the Defendant(s) willfully diminished services to the Plaintiff(s) by interrupting or causing the interruption of gas, water or other essential service to the Plaintiff(s), specifically,

Plaintiff(s) therefore requests that the court grant the following relief:

- 11 [] allow the Plaintiff(s) to recover possession of the premises;
[] require the Defendant(s) to resume any interrupted utility service; or
[] terminate the rental agreement,
and [] recover actual damages of
[] reasonable attorney fees.

12 DATE 13 [] PLAINTIFF-TENANT [] PLAINTIFF-TENANT'S ATTORNEY

CASE DISPOSITION Defendant(s) Present? [] YES [] NO 14

- 15 [] JUDGMENT for Plaintiff(s)
[] Recovery of possession of premises.
[] Defendant(s) is required to resume the following interrupted utility service:
[] Rental agreement is terminated, and the Defendant(s) is ordered return all security given by the Plaintiff(s).
[] Actual damages in the amount of
[] Reasonable attorney fees of
[] JUDGMENT for [] named Defendant(s)-Landlord(s) []
[] NON-SUIT [] DISMISSED

16 DATE 17 JUDGE

CASE NO. 18

19 PLAINTIFF(S) (LAST NAME, FIRST NAME MIDDLE INITIAL)

v. 20 DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

TENANT'S PETITION FOR RELIEF FROM UNLAWFUL EXCLUSION

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice on the reverse about requesting a change of trial location.
[] To dispute this claim, you must appear on the return date to try this case.
[] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars 22 ORDERED DUE

Grounds of Defense 23 ORDERED DUE

ATTORNEY FOR PLAINTIFF(S) 24

ATTORNEY FOR DEFENDANT(S) 25

HEARING DATE AND TIME

26

JUDGMENT PAID OR SATISFIED PURSUANT TO ATTACHED NOTICE OF SATISFACTION.

27 DATE

28 CLERK

DISABILITY ACCOMMODATIONS for loss of hearing, vision, mobility, etc., contact the court ahead of time.

Data Elements, page one

1. Court jurisdiction.

2. Insert street address of court.

To be completed by court personnel:

3. Return date (date and time of scheduled hearing).

4. Date of issuance.

5. Signature of clerk, deputy clerk or magistrate. Check the appropriate title box below the signature line.

6. Date rental agreement entered into.

7. Date rental period began.

8. Date rental period ends.

9. Address of premises subject to rental agreement.

10. Check applicable box(es).

11. Check boxes to reflect relief being requested.

12. Date when this PETITION signed.

13. Signature of person filing the claim. Check appropriate box below the signature line.

To be completed by the judge:

14. Check box to indicate whether defendant present.

15. Check applicable boxes to indicate relief granted.

16. Date of entry of judgment.

17. Signature of judge.

18. Court case number.

19. Insert name(s) of plaintiff(s).

20. Insert name(s) of defendant(s).

21. Check applicable box.

22. If judge orders filing of bill of particulars, insert the appropriate dates.

23. If judge orders filing of grounds of defense, insert the appropriate dates.

24. Name and address of attorney for plaintiff(s).

25. Name and address of attorney for defendant(s).

26. Return date. Space is left for adding continuance dates.

27. Date NOTICE OF SATISFACTION received and attached to SUMMONS.

28. Signature of clerk.

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME **1**

ADDRESS **2**

3 PERSONAL SERVICE Tel. No.

Being unable to make personal service, a copy was delivered in the following manner:

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.

4 **5**

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.)

Served on Secretary of the Commonwealth

6 NOT FOUND **7**

SERVING OFFICER

8 for **9**

DATE

NAME

ADDRESS

PERSONAL SERVICE Tel. No.

Being unable to make personal service, a copy was delivered in the following manner:

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.

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.)

Served on Secretary of the Commonwealth

NOT FOUND

SERVING OFFICER

..... for

DATE

NAME

ADDRESS

PERSONAL SERVICE Tel. No.

Being unable to make personal service, a copy was delivered in the following manner:

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.

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.)

Served on Secretary of the Commonwealth

NOT FOUND

SERVING OFFICER

..... for

DATE

OBJECTION TO VENUE:

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on

10 **11**

DATE [] Plaintiff

[] Plaintiff's Atty.

[] Plaintiff's Agent

Fi. Fa. issued on **12**

Interrogatories issued on: **13**

Garnishment issued on **14**

Data Elements, page two

1. Name of person to be summoned. If person is a corporation's officer, designated agent, managing employee or registered agent, show name of corporation on second line.
2. Address and telephone number of person to be summoned.

To be completed by serving officer:

3. Check this box if personal service obtained.
4. Serving officer to check the appropriate box to designate type of substitute service.
5. If served by leaving the subpoena with a family member age 16 or older, check appropriate box and insert required information.
6. Check this box if unable to serve process.
7. Signature of serving officer.
8. Date of signature.
9. Name of sheriff if served by deputy sheriff.

10. Date that plaintiff, plaintiff's attorney, or plaintiff's agent mailed copy of pleading to defendant.
11. Signature of person mailing the pleading. Check the appropriate title box below the signature line.

For use by clerk:

12. Date(s) writ of fieri facias was issued.
13. Date(s) summons to answer interrogatories was issued.
14. Date(s) garnishment summons was issued.

Using This Form

1. Prepared by applicant.
2. Attachments – NOTICE OF SALE.
3. Preparation details

This form is used after the court has taken some action affecting the property. This form is not used by the person having custody of the property claimed by different parties to start a case or, in an existing case, to turn the property over to the court and let the real parties in interest litigate the issues concerning the property. See form DC-428, WARRANT IN DEBT – INTERPLEADER, for the form to be used in such cases.

AFFIDAVIT for Summons in Interpleader

VA. CODE ANN. §§ 16.1-119-120

RETURN DATE

CASE NO.

1

General District Court

21

22

I, the undersigned applicant, state under oath the following:

1. On 2 DATE in connection with this case

- 3 { [] an execution on the judgment entered in this case was levied on certain property, namely:
[] a warrant of distress was levied on certain property involved in this case, namely:
[] a lien was acquired on money or other personal estate not capable of being levied upon, namely:

4

DESCRIPTION OF PROPERTY

- 5 { 2. [] To the best of my belief, the property in question is not of greater value than the maximum jurisdictional limits of the court.
[] This claim involves the disposition of an earnest money deposit pursuant to a real estate purchase contract.

6 3. The above-named property is about to be sold, or finally disposed of in order to satisfy the [] judgment [] distress warrant [] lien on

7

DATE OF SALE OR HEARING

8

LOCATION OF SALE OR HEARING

4. I claim the following interest in the property:

9

and request the Court to issue forthwith a Summons in Interpleader to be served on all parties to the original action named at right to have them show case why the above described property should not be discharged from the sale, and that such summons be made returnable according to law.

10

DATE

11

APPLICANT'S SIGNATURE

The AFFIDAVIT above was subscribed and sworn to before me this day:

12

DATE

13

CLERK

FOR NOTARY PUBLIC'S USE ONLY:

State of 14 [] City [] County of 15

Acknowledged, subscribed and sworn to before me this 16 day of , 20

by 17

18

NOTARY REGISTRATION NUMBER

19

NOTARY PUBLIC

(My commission expires: 20)

AFFIDAVIT for Summons in Interpleader

23

PLAINTIFF

V.

24

DEFENDANT

25

NAME OF APPLICANT

ADDRESS

Data Elements

1. Court name.
2. Date on which the action described in Data Element No. 3 occurred.
3. Check the appropriate box to show the action taken affecting the property described in Data Element No. 4.
4. Specific description of property.
5. Check applicable box.
6. Check the appropriate box to show the reason for the upcoming sale.
7. Date of sale or of hearing.
8. Street address where sale or hearing is scheduled to take place.
9. Description of nature of property interest claimed by the applicant.
10. Date of signing of affidavit.
11. Signature of applicant. (Not completed on-line.)
12. Date of acknowledgment by clerk, if applicable. (Not completed on-line.)
13. Signature of clerk, if applicable.
14. Enter name of state.
15. Check applicable box and enter the city or county where acknowledgment is taken.
16. Date of acknowledgment of this document.
17. Print name of person whose signature appears in Data Element No. 11.
18. Enter Notary's registration number.
19. Signature of Notary Public.
20. Enter date commission expires of Notary Public.
21. Return date. (If not known, inquire of court.)
22. Court case number – court use only. (Not completed by Applicant.)
23. Names of plaintiffs.
24. Names of defendants.
25. Names and address of applicant submitting this affidavit.

Using This Form

1. Copies
 - a. Original – to court.
 - b. Copies to all plaintiffs and defendants.
 - c. Additional copies as dictated by local practice.
2. Prepared by clerk, order signed by judge.
3. Attachments
 - a. Form DC-432, AFFIDAVIT FOR SUMMONS IN INTERPLEADER (optional). See Preparation details below.
4. Preparation details
 - a. While not required, it might be helpful to the parties to have a copy of form DC-432, AFFIDAVIT FOR SUMMONS IN INTERPLEADER, as an attachment to inform the parties of the details of the interpleader claim.
 - b. The order for postponement of sale portion should be completed only if the hearing on the interpleader will occur after the scheduled occurrence of the sale or the return of process. If the interpleader action is not resolved on the return date, a postponement order may then be entered.

SUMMONS IN INTERPLEADER AND ORDER FOR POSTPONEMENT OF SALE

Commonwealth of Virginia VA. CODE ANN §16.1-120

1

CITY OR COUNTY

General District Court

2

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER:

WHEREAS, an affidavit has been filed describing property at issue in this case, which property has been subjected to levy under distress or execution, and the affiant having claimed a substantial interest in the property and having stated that the property is not liable for sale, it is ORDERED that the said Defendant and Plaintiff:

be summoned to appear before this General District Court on

3

DATE AND TIME OF HEARING

m. to show cause why the property should not

be discharged from levy or lien of such execution of distress warrant.

4

DATE

5

[] CLERK

[] JUDGE

ORDER FOR POSTPONEMENT OF SALE

Upon consideration of the Affidavit filed in this case, the Court finds that an earlier day than the Return Day above has been fixed for:

- 6** [] the sale of the property in question
- [] the hearing on the final disposition of the property in question

and the Court ORDERS:

- 7** [] the postponement of such sale, scheduled for

7

DATE

in

7

LOCATION

- 8** [] the postponement of the hearing on such final disposition, scheduled for

8

DATE

until after the Return Day of this summons. The Serving Officer shall serve this Summons on or before the time of sale or hearing.

9

DATE

10

JUDGE

RETURN DATE

11

CASE NO.

12

SUMMONS IN INTERPLEADER AND ORDER FOR POSTPONEMENT OF SALE

13

PLAINTIFF

v.

14

DEFENDANT

15

NAME OF APPLICANT

ADDRESS

NOTICE TO SERVING OFFICER:

THIS SUMMONS MUST BE SERVED ON OR BEFORE THE DATE AND TIME SPECIFIED IN THE ORDER AT LEFT.

Data Elements, page one

1. Court name.
2. Street address of court.
3. Date and time of hearing on interpleader.
4. Date of issuance.
5. Signature of issuing official. Check the appropriate title box below the signature line.
6. Type of action scheduled to affect the interpleader prior to the return date of the interpleader.
7. If the sale is to be postponed, check this box and insert the date and location of the postponed sale.
8. If the hearing on the return process is to be postponed, check this box and insert the return date on this other process.
9. Date of entry of order.
10. Signature of judge.
11. Return date (same as Data Element No. 3 on page one).
12. Court case number.
13. Name of plaintiff.
14. Address of plaintiff.
15. Name and address of applicant for this summons and order

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME..... 1	
ADDRESS 2	
.....	
3 <input type="checkbox"/> PERSONAL SERVICE	Tel. No. 2
<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.	
..... 5	
.....	
<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 Secretary of the Commonwealth.	
6 <input type="checkbox"/> Not found	..... 7
SERVING OFFICER	
..... 8	for 9
DATE	

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 Secretary of the Commonwealth.	
<input type="checkbox"/> Not found	.....
SERVING OFFICER	
.....	for
DATE	

Data Elements, page two

1. Name of person to be summoned. If person is a corporation's registered agent, show name of corporation on second line.
2. Address and telephone number of person to be summoned.
3. Check this box if personal service obtained.
4. Serving officer to check the appropriate box to designate type of substitute service.
5. If served by leaving the subpoena with a family member over age 16, check appropriate box and insert required information.
6. Check this box if unable to serve process.
7. Signature of serving officer.
8. Date of signature.
9. Name of sheriff if served by deputy sheriff.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to respondent. If more than one respondent, provide copies for each respondent.
2. Preparation - Motion portion and style of case prepared by applicant; remainder prepared by clerk or judge.
3. Attachments – none.
4. Preparation details
 - a. Data Element No. 6 should be used to provide information (facts and legal arguments) justifying the action requested.
 - b. The applicant is the party requesting that the court set aside default judgment.
 - c. The respondent is the other party or parties in the case.

MOTION TO SET ASIDE DEFAULT JUDGMENT

Commonwealth of Virginia

VA. CODE § 8.01-428

HEARING DATE **19** CASE NO. **20**

2 General District Court
1 Juvenile & Domestic Relations District Court
CITY OR COUNTY

3
STREET ADDRESS OF COURT

I, the undersigned, move this court to set aside the default judgment in the civil case numbered **4**
for

- 5** { a fraud on the court. It has been two years or less since the date of the judgment or decree.
 a void judgment.
 an accord and satisfaction (attach proof).
 the fact that the defendant, at the time of service or process or entry of the judgment, was in military service of the United States for purposes of 50 U.S.C. app § 502 (attach proof).

This motion is based on the following facts and reasons

6
.....
.....
.....

7
DATE OF MOTION

8
APPLICANT'S SIGNATURE

23

9
PRINT NAME OF APPLICANT

10
TITLE OF APPLICANT

MOTION TO SET ASIDE DEFAULT JUDGMENT

21
PLAINTIFFS
.....
.....
v./In re
22
DEFENDANTS
.....
.....

Service on Respondent type required:

- { Personal Service only
 Personal or Substituted Service only
 Mailed on
DATE

NOTICE OF HEARING

TO: **11**
RESPONDENT

Take notice that a hearing will be held in this Court on

12 m. on this motion.
DATE AND TIME

13
DATE

14
 CLERK DEPUTY CLERK

It is hereby ORDERED that the motion is granted **15** denied dismissed.

16

17
DATE

18
JUDGE

Data Elements, *front*

1. Jurisdiction name.
2. Check box for type of court.
3. Street address of court.
4. Insert case number of underlying default judgment.
5. Check appropriate box demonstrating basis underlying request for setting aside default judgment identified by Data Element No. 4.
6. Space is provided for information (facts and legal arguments) to support request to aside of default judgment.
7. Date of signing of motion.
8. Signature of party making the motion.
9. Print name of party making the motion.
10. Title of party making the motion.
11. Party or parties in case other than the party named in Data Element No. 9.
12. Date and time of motion hearing.
13. Date of issuance of notice.
14. Signature of clerk.
15. Check applicable box.
16. Insert additional information regarding Data Element No. 15, if appropriate.
17. Date of order.
18. Signature of judge.
19. Same as Data Element No. 12.
20. Current court case number.
21. Name and street address of plaintiff(s).
22. Name of defendant(s) (or name of juvenile) and street address.
23. Check the appropriate box.

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

	NAME..... 1		
	ADDRESS 2		
	[] PERSONAL SERVICE		Tel. No. 2
3	[] Being unable to make personal service, a copy was delivered in the following manner:		
	[] 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.		
4	..... 5		
	[] 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.)		
	[] Served on Secretary of the Commonwealth.		
6	[] Not found	..... 7	
		SERVING OFFICER	
	..... 8	for	..... 9
	DATE		

	NAME.....		
	ADDRESS		
	[] PERSONAL SERVICE		Tel. No.
	[] Being unable to make personal service, a copy was delivered in the following manner:		
	[] 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.		
	[] 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.)		
	[] Served on Secretary of the Commonwealth.		
	[] Not found	.....
		SERVING OFFICER	
	.....	for	.....
	DATE		

Data Elements, *reverse*

1. Name of person to be summoned. If person is a corporation's registered agent, show name of corporation on second line.
2. Address and telephone number of person to be summoned.
3. Check this box if personal service obtained.
4. Serving officer to check the appropriate box to designate type of substitute service.
5. If served by leaving with a family member over age 16, check appropriate box and insert required information.
6. Check this box if unable to serve process.
7. Signature of serving officer.
8. Date of signature.
9. Name of sheriff if served by deputy sheriff.

Using This Form

1. Copies
 - a. Original – to court.
2. Prepared by applicant; acknowledged by clerk or notary.
3. Attachments – none.
4. Preparation details
 - a. The return date will not be the return date set on the original case papers that started the suit. Instead, the return date will be set in the district court form DC-436, ORDER OF PUBLICATION, Data Element No. 6.
 - b. See Va. Code § 8.01-317 concerning Data Element No. 7 (dispensing with publication in a newspaper). Remind the petitioner that he is liable for publication costs if the order is published in a newspaper.

AFFIDAVIT AND PETITION FOR ORDER OF PUBLICATION

Commonwealth of Virginia

VA. CODE §§ 8.01-296(3), -316; -317; 16.1-264

1 2 [] General District Court
[] Juvenile and Domestic Relations District Court

Party to be served:

3

I, the undersigned applicant, state under oath that the object of this suit is to

4

....., and that:

- [] Diligence has been used without effect to ascertain the location of the above-named person(s) to be served;
[] The last known residence of the person(s) to be served was in the county or city in which service is sought and that a return has been filed by the Sheriff that the process has been in his or her hands for 21 days and that he or she has been unable to make service; or
[] The party to be served is:
[] a foreign corporation,
[] a foreign unincorporated association, order or unincorporated common carrier, or
[] a non resident individual other than a nonresident individual fiduciary who as appointed a statutory agent under § 26-59.

6 The last known post office address of the party against whom Publication is ordered is:

- []
[] The post office address of the party against whom Publication is asked is unknown.

Wherefore, I ask for service of process by ORDER OF PUBLICATION:

7 [] and that the Court dispense with publication in a newspaper.

8

DATE

9

APPLICANT'S SIGNATURE [] PLAINTIFF [] ATTORNEY

Subscribed and sworn to before me this day:

10

DATE

11

CLERK

FOR NOTARY PUBLIC'S USE ONLY: 12
State of [] City [] County of
Acknowledged, subscribed and sworn to before me this day of, 20
NOTARY REGISTRATION NUMBER NOTARY PUBLIC (My commission expires:

RETURN DATE 13 FILE NO. 14
AFFIDAVIT AND PETITION FOR ORDER OF PUBLICATION
[] Commonwealth of Virginia, in re
15, a Juvenile
[] 16 PLAINTIFF
v.
DEFENDANT
Attorney for 17
NAME
ADDRESS
TELEPHONE

Data Elements

1. Jurisdiction name.
2. Check the appropriate type of court.
3. Name of party to be served by order of publication.
4. Nature of the relief sought.
5. Check the appropriate boxes.
6. Last known full mailing address of person named in Data Element No. 3. If address unknown, check second box.
7. Check this box if applicable.
8. Date of signing of affidavit.
9. Signature of applicant. Check the appropriate title box.
10. Date of acknowledgement.
11. Signature of clerk or deputy clerk taking the acknowledgement.
12. If acknowledged by a notary public, all enclosed fields must be completed, including registration number and commission expiration date.
13. Return date for case (see district court form DC-436, ORDER OF PUBLICATION, Data Element No. 6).
14. Court file number.
15. If used in a juvenile case, check this box and complete this style of the case.
16. If not used in a juvenile case, check this box and complete the style of the case (name(s) of plaintiff(s) and defendant(s)).
17. If filed by an attorney, insert name of party and name, address, and telephone number of his attorney.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to court for posting at the front door of the courthouse.
 - c. Second copy – to newspaper, if published.
 - d. Copies to each person named in Data Element Nos. 10 and 11. (See DC-435, AFFIDAVIT AND PETITION FOR ORDER OF PUBLICATION, Data Element No. 7, for last known address.)
2. Prepared by clerk; signed by clerk or judge.
3. Attachments – none.
4. Preparation details – it is strongly recommended that publication in a newspaper be dispensed with whenever possible. See Data Element No. 13.

ORDER OF PUBLICATION

Commonwealth of Virginia VA. CODE § 8.01-316

Case No. 1

General District Court
 Juvenile and Domestic Relations District Court

2

3 Commonwealth of Virginia, *in re*

4 /v.

The object of this suit is to:

5
.....
.....
.....
.....

It is ORDERED that 6 the defendant appear at the
above-named Court and protect his or her interests on or before 7
DATE

(This section NOT TO BE PRINTED)

8
 ORDER TO PUBLISHER:

It is further ORDERED that this ORDER OF PUBLICATION be published once a week for four successive weeks in
9
NAME OF NEWSPAPER
a copy be posted pursuant to § 1-211.1, and a copy be mailed to each

10 defendant

11 proper and necessary party to the proceedings, namely:

11
.....
.....

Publish this ORDER OF PUBLICATION for the time specified and send the CERTIFICATE OF PUBLICATION and the bill
to:

12
ATTORNEY'S NAME AND ADDRESS

13
 Waiver of Publication:

It is further ordered by the undersigned judge to dispense with publication of this order in a newspaper.

14
DATE

15
 CLERK JUDGE

FOR COURT USE ONLY

16 { I certify that a copy of this Order was:
[] mailed to the defendant at his/her last known post office address
[] mailed to 17 at his/her last known post office address
[] posted at the courthouse AND/OR [] posted on the local public government website
[] provided to the designated newspaper

18
DATE

19
CLERK

Data Elements

1. Court case number.
2. Court name. Check type of court.
3. If used in a juvenile case, check this box and insert the name of the juvenile in the line on the right side.
4. If not a juvenile case, check the box, and insert the names of plaintiff(s) and defendant(s).
5. Nature of the suit and the relief sought (same as Data Element No. 5, DC-435, AFFIDAVIT AND PETITION FOR ORDER OF PUBLICATION).
6. Check the person to be served by ORDER OF PUBLICATION. Insert name of person if he is not the defendant.
7. Date by which the person served by ORDER OF PUBLICATION must appear in court to defend his interests.
8. Check this box if order is to be printed in a newspaper.
9. Name of newspaper in which this order is to be published.
10. Check this box if copy of order is to be mailed to defendant at last known address.
11. Check this box and insert names of persons other than the defendant to whom a copy of this order is to be mailed at last known address.
12. Name and address of attorney to whom the certificate of publication and publication bill are to be sent.
13. Check this box if printing in a newspaper is waived.
14. Date of entry of order.
15. Signature of issuing official. Check the appropriate title box below the signature line.
16. Check the appropriate boxes when completed.
17. Name of person to be served (see Data Element No. 6).
18. Date on which the actions in Data Element No. 16 were completed.
19. Signature of Clerk.

Using This Form

1. Copies
 - a. Original – to district court and filed with case papers.
 - b. First copy – to other party.
2. Prepared by party whose address has changed.
3. Attachments – none.
4. Preparation details – Parties who are unrepresented by an attorney, and have made an appearance in the case, are required to provide the court and any adverse party with notice of a change of address. This form has been created to provide a vehicle for this notice.

NOTICE OF CHANGE OF ADDRESS

Commonwealth of Virginia Va. Code § 16.1-88.03

Case No. 1

Circuit Court
 General District Court

2
CITY OR COUNTY

3
COURT ADDRESS

4 PLAINTIFF v. 4 DEFENDANT/RESPONDENT

The undersigned Plaintiff Defendant/Respondent hereby gives notice to the clerk of court wherein litigation is pending of the following change of my residential and, if different, mailing addresses:

5
PREVIOUS RESIDENTIAL ADDRESS

6
PREVIOUS MAILING ADDRESS IF DIFFERENT

7
NEW RESIDENTIAL ADDRESS

8
NEW MAILING ADDRESS, IF DIFFERENT

9
PREVIOUS TELEPHONE NUMBER (OPTIONAL)

9
NEW TELEPHONE NUMBER (OPTIONAL)

I also sent notice by 10 to the adverse party at the address listed below:
METHOD OF DELIVERY

11
NAME

11
ADDRESS

12
DATE

13
 PLAINTIFF DEFENDANT/RESPONDENT

Pursuant to Virginia Code § 16.1-88.03, parties not represented by counsel, and who have made an appearance in the case, shall promptly notify in writing the clerk of court wherein the litigation is pending, and any adverse party, of any change in the party's address necessary for accurate mailing or service of any pleadings or notices. In the absence of such notification, a mailing to or service upon a party at the most recent address contained in the court file of the case shall be deemed effective service or other notice.

Data Elements

1. Court case number.
2. Jurisdiction name. Check the appropriate box to indicate the court.
3. Street address of court.
4. Enter names of parties of case in connection with this notice filed.
5. Previous residential address on record at the court.
6. Previous mailing address on record at the court, if different.
7. New residential address.
8. New mailing address, if different from new residential address.
9. Previous and new telephone numbers if party wishes to provide this information.
10. Indicate how the notice was provided to the opposing party.
11. Name and address of the opposing party to whom notice was sent.
12. Date signed by party.
13. Signature of party filing this notice. Check the appropriate title box.

Using This Form

1. Copies
 - a. Original – to court or Commissioner in Chancery (Commissioner in Chancery to return form to court after interrogatory proceeding is complete).
2. Prepared by judgment creditor except Data Element Nos. 3-6 (except where judgment creditor selects his own Commissioner in Chancery), 19-23 and 29, which are prepared by clerk or judge.
3. Attachments – none.
4. Preparation details
 - a. By using this form, which includes a Writ of Fieri Facias, the clerk does not need to prepare a separate form DC-467, WRIT OF FIERI FACIAS.

SUMMONS TO ANSWER INTERROGATORIES Va. Code §§ 8.01-506, 16.1-103

..... **1** General District Court
CITY OR COUNTY

..... **2**
STREET ADDRESS OF COURT

TO ANY SERVING OFFICER: Serve this summons on the Respondent then return this summons to the Court of Commissioner in Chancery designated below before whom the Respondent is to appear.
TO THE RESPONDENT: A Writ of Fieri Facias was issued on a judgment in favor of Judgment Creditor(s) against Judgment Debtor(s) as indicated below, and the Writ of Fieri Facias constitutes a lien upon the personal estate(s) of the Judgment Debtor(s). At the Judgment Creditor(s) request, you are hereby commanded to appear on

..... **3** at before
DATE TIME

[] this Court (or) [] **4** Court (or)
[] **4** Commissioner in Chancery

.....
STREET ADDRESS
to answer questions concerning property and assets of Judgment Debtor(s) which are held or controlled by the Respondent.

TO JUDGE OR COMMISSIONER IN CHANCERY: Forward these case papers to the issuing court upon completion of the interrogatory proceedings.

..... **5** **6**
DATE ISSUED [] CLERK [] JUDGE

REQUEST FOR SUMMONS TO ANSWER INTERROGATORIES

I request the issuance of a Summons to Answer Interrogatories in connection with the judgment [] in this **7** case [] of the Court requiring the execution debtor to appear before the court named above, where the execution debtor resides or contiguous thereto. I have paid the required fees and have filed or docketed an Abstract of Judgment in this court. The details and status of such judgment are:

DATE WRIT OF FIERI FACIAS ISSUED 8	DATE OF JUDGMENT UPON WHICH 9	AMOUNT \$ 10	COSTS \$ 11	ATTY'S FEES \$ 12
LEGAL INTERESTS DUE ON JUDGMENT: RATES AND BEGINNING DATE(S) 13		CREDITS \$ 14	TOTAL BALANCE DUE 15	

I certify that I have not proceeded against the Judgment Debtor(s) under § 8.01-506 within six (6) months from this date.

..... **16** **17**
DATED ISSUED [] JUDGMENT CREDITOR [] JUDGMENT CREDITOR'S ATTORNEY

..... **18**
ADDRESS/TELEPHONE NUMBER OF [] JUDGMENT CREDITOR [] JUDGMENT CREDITOR'S ATTORNEY

WRIT OF FIERI FACIAS TO ANY AUTHORIZED OFFICER: You are commanded to make the money herein mentioned, the principal, interest, costs and attorney's fees, less credits (itemized on the attached list), as shown above, out of the goods, chattels, money, bank notes and other personal property or intangible personal estate of the Judgment Debtor(s). You are further commanded to make your return to the Clerk's Office within 90 days of this date.

..... **19**
Homestead Exemption Waived? [] yes [] no [] cannot be demanded

..... **20** **21**
DATE CLERK

RETURN DATE **22** CASE NO. **23**

SUMMONS TO ANSWER INTERROGATORIES AND WRIT OF FIERI FACIAS

..... **24**
RESPONDENT [] SAME AS DEFENDANT

..... ADDRESS/LOCATION

IN CONNECTION WITH THE CASE OF:

..... **25**
PLAINTIFF(S)

v.
..... **26**
DEFENDANT(S)

27
Plaintiffs are Judgment: [] Creditors [] Debtor(s)
Defendant(s) are Judgment: [] Creditors [] Debtor(s)

ATTORNEY FOR PLAINTIFF(S)
..... **28**

WARNING TO RESPONDENT: If you fail to appear in response to this summons, or if you fail to answer questions put to you at the hearing, or if you make answers deemed by the Court or Commissioner presiding to be evasive, YOU MAY BE SUBJECT TO ARREST AND IMPRISONMENT UNTIL SUCH TIME AS YOU SHALL MAKE PROPER ANSWERS.

HEARING DATE AND TIME

29

Data Elements, *front*

1. Jurisdiction name.
2. Street address of court.
3. Date and time of scheduled examination.
4. Location of examination. If examination is conducted away from court that entered judgment, include name and street address of such other court or Commissioner in Chancery who will conduct the examination. If Commissioner in Chancery is used, add name of circuit court (if known) that appointed the Commissioner in Chancery.
5. Date of issuance.
6. Signature of issuing officer. Check the appropriate title box below the signature line.
7. Check the appropriate box and indicate the court in which the interrogatory proceeding will be heard, if applicable.
8. Date of issuance of Fieri Facias. Use date from Writ of Fieri Facias, only if this summons is issued in connection with an earlier Writ of Fieri Facias. Otherwise, insert date in Data Element No. 5.
9. Date of entry of judgment on original case papers.
10. Judgment amount from original judgment.
11. Costs from original judgment.
12. Attorney's fees from original judgment.
13. Insert information from original judgment.
14. Credits paid on judgment.
15. Insert total amount due from original judgment after credits in Data Element No. 14 are applied.
16. Date of signing of request.
17. Signature of requesting party. Check the appropriate title box below signature line.
18. Address and telephone number of requesting party.
19. Check the appropriate box.
20. Date of issuance.
21. Signature of clerk.
22. Return date – same as Data Element No. 3.
23. Court case number of original judgment.
24. Name and address of respondent. If respondent and the defendant are the same person, omit the name and address here and check the box "same as defendant."
25. Name(s) of plaintiff(s).
26. Name(s) of defendant(s).
27. Check the appropriate boxes (one per line) to show post-judgment status of plaintiff and defendant.
28. Name of plaintiff's attorney.
29. Space has been provided for insertion of continuance dates.

To the Judgment Debtor: If you wish to have this hearing transferred to a city or county where it would be more convenient to you to appear than the city or county shown on the front of this summons and you "show good cause" (give a good reason) for the transfer, the court will move the hearing. To use this procedure, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to transfer this hearing because" and state the reasons for wanting to transfer, and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request with the clerk's office of the court named at the top of the front side of this summons before the hearing date (use the mail at your own risk). If the summons requires the hearing to be held at a different court or before a commissioner in chancery, also send or deliver a copy (marked "COPY") to that court or commissioner in chancery. Finally, also send or deliver a copy to the Judgment Creditor(s) as shown on the front of this summons.
3. You will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on

.....**10**.....**11**.....
DATE PLAINTIFF
 PLAINTIFF'S ATTORNEY

Fi. Fa. issued on**12**.....

Interrogatories issued on**13**.....

Garnishment issued on**14**.....

CAME TO HAND

.....**15**.....
DATE AND TIME

.....**16**....., SHERIFF

NOTE:

Return of Writ of Fieri Facias to be used if no effects found—otherwise, use appropriate sections of DC-467, WRIT OF FIERI FACIAS.

17 NO EFFECTS FOUND

.....**18**.....
DATE

.....**19**.....
SHERIFF

by**20**.....
DEPUTY SHERIFF

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME**1**.....

ADDRESS**2**.....

3 PERSONAL SERVICE Tel. No.

Being unable to make personal service, a copy was delivered in the following manner:

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.
**5**.....

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.)

Served on Secretary of the Commonwealth.

6 Not found SERVING OFFICER **7**
**8**..... for**9**.....
DATE

NAME

ADDRESS

PERSONAL SERVICE Tel. No.

Being unable to make personal service, a copy was delivered in the following manner:

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.

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.)

Served on Secretary of the Commonwealth.

Not found SERVING OFFICER
 for
DATE

Data Elements, reverse

1. Name of person to be summoned. If person is a corporation's registered agent, show name of corporation on second line.
2. Address and telephone number of person to be summoned.
3. Check this box if personal service obtained.
4. Serving officer to check the appropriate box to designate type of substitute service.
5. If served by leaving the subpoena with a family member over age 16, check the appropriate box and insert required information.
6. Check this box if unable to serve process.
7. Signature of serving officer.
8. Date of signature.
9. Name of sheriff if served by deputy sheriff.
10. Date that judgment creditor mailed copy of this summons as a pleading to person to be summoned.
11. Signature of person mailing the pleading.
12. Date(s) writ of fieri facias was issued (court use only).
13. Date(s) summons to answer interrogatories was issued (court use only).
14. Date(s) writ garnishment summons was issued (court use only).
15. Date received by sheriff.
16. Signature of sheriff.
17. Check if applicable.
18. Date of execution of return.
19. Signature of sheriff (print or type name if return made by deputy sheriff).
20. Signature of deputy sheriff if return made by deputy sheriff.

Using This Form

1. Copies
 - a. Original – to court.
 - b. Copy – to defendant.
2. Prepared by plaintiff.
3. Attachments
 - a. Additional sheets with written statements explaining details of claims (optional).
 - b. Form DC-443, ITEMIZED LIST OF DAMAGES (optional).
4. Preparation details
 - a. Form DC-411, BILL OF PARTICULARS is designed to primarily to assist *pro se* litigants in complying with a court's order to produce a bill of particulars.
 - b. Form DC-411, BILL OF PARTICULARS may be submitted voluntarily or pursuant to court order for compliance with defendant's demand for particulars.

BILL OF PARTICULARS

Commonwealth of Virginia Rule 7B:2

Case No. **1**

2
TRIAL DATE AND TIME

3 General District Court
CITY OR COUNTY

4
STREET ADDRESS OF COURT

5 V.
PLAINTIFF DEFENDANT

TO THE PLAINTIFF:

You are required to file with the court, and serve by mailing, a written BILL OF PARTICULARS by **6**
DATE

The defendant's written GROUNDS OF DEFENSE is due to be filed with the court and served by mailing by **7**
DATE

You are further required to fully state, in the numbered paragraphs below, each of the reasons/grounds why you think the defendant owes you the money or property claimed. You may attach additional paper if needed.

- 1. _____
_____ **8** _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

9 [] See continuation sheet.

NOTICES: Failure to comply with this order may be grounds for awarding summary judgment in favor of the adverse party. Both parties must be prepared, at trial, to prove their case with admissible evidence. Upon trial, the judge may exclude evidence as to matters not described in this pleading.

10
DATE

11
[] PLAINTIFF [] PLAINTIFF'S ATTORNEY

12
PRINT NAME

13
ADDRESS /TELEPHONE NUMBER OF SIGNATOR

PLAINTIFF'S CERTIFICATE

I certify that I delivered or mailed a completed copy of this BILL OF PARTICULARS to the clerk of this court and mailed to each attorney for the defendant, or to the defendant if not represented,

this **14** day of , 20.....

15
SIGNATURE OF [] PLAINTIFF [] PLAINTIFF'S ATTORNEY

Data Elements

1. Case number.
2. Date and time trial scheduled.
3. Name of court.
4. Street address of court.
5. Style of case.
6. Date plaintiff ordered by court to file and serve bill of particulars.
7. Date opposing party is required to file and serve grounds of defense.
8. Written statements concerning specific nature of plaintiff's claims.
9. Check box if plaintiff's statements are continued on additional sheet(s).
10. Date of signing of bill of particulars.
11. Signature of *pro se* plaintiff or plaintiff's attorney. Check appropriate box below signature line.
12. Printed name of signatory in Data Element No. 11.
13. Address and telephone number of signatory.
14. Date of certification of delivery or mailing of bill of particulars.
15. Signature of *pro se* plaintiff or plaintiff's attorney. Check appropriate box below signature line.

Using This Form

1. Copies
 - a. Original – to court.
 - b. Copy – to plaintiff.
2. Prepared by defendant.
3. Attachments
 - a. Additional sheets with written statements answering plaintiff’s bill of particulars and providing defenses (optional).
 - b. Form DC-443, ITEMIZED LIST OF DAMAGES (optional).
4. Preparation details
 - a. Form DC-442, GROUNDS OF DEFENSE, is designed to primarily to assist *pro se* litigants in complying with a court’s order to produce grounds of defense.
 - b. Form DC-442, GROUNDS OF DEFENSE, may be submitted voluntarily or pursuant to court order in response to plaintiff’s bill of particulars.

GROUNDS OF DEFENSE

Commonwealth of Virginia Rule 7B:2

Case No. 1

2
TRIAL DATE AND TIME

3 General District Court
CITY OR COUNTY

4
STREET ADDRESS OF COURT

5 V. 6
PLAINTIFF DEFENDANT

TO THE DEFENDANT:

You are required to file with the court, and serve by mailing, a written GROUNDS OF DEFENSE by 6
DATE

The plaintiff's written BILL OF PARTICULARS is due to be filed with the court and served by mailing by 7
DATE

You are further required to fully state, in the numbered paragraphs below, each of the reasons/grounds why you think you do not owe the plaintiff the money or property claimed. You may attach additional paper if needed.

1. _____

8

2. _____

3. _____

4. _____

5. _____

9 [] See continuation sheet.

NOTICES: Failure to comply with this order may be grounds for awarding summary judgment in favor of the adverse party. Both parties must be prepared, at trial, to prove their case with admissible evidence. Upon trial, the judge may exclude evidence as to matters not described in this pleading.

10
DATE

11
[] DEFENDANT [] DEFENDANT'S ATTORNEY

12
PRINT NAME

13
ADDRESS /TELEPHONE NUMBER OF SIGNATOR

DEFENDANT'S CERTIFICATE

I certify I delivered or mailed a completed copy of this GROUNDS OF DEFENSE to the clerk of this court and mailed to each attorney for the plaintiff, or to the plaintiff if not represented,

this 14 day of _____, 20 _____ .

15
SIGNATURE OF [] DEFENDANT [] DEFENDANT'S ATTORNEY

Data Elements

1. Case number.
2. Date and time trial scheduled.
3. Name of court.
4. Street address of court.
5. Style of case.
6. Date defendant ordered by court to file and serve grounds of defense.
7. Date opposing party is required to file and serve bill of particulars.
8. Written statements answering plaintiff's bill of particulars and/or providing defenses to plaintiff's claims.
9. Check box if defendant's statements are continued on additional sheet(s).
10. Date of signing of grounds of defense.
11. Signature of *pro se* defendant or defendant's attorney. Check appropriate box below signature line.
12. Printed name of signatory in Data Element No. 11.
13. Address and telephone number of signatory.
14. Date of certification of delivery or mailing of bill of particulars.
15. Signature of *pro se* defendant's attorney. Check appropriate box below signature line.

Using This Form

1. Copies
 - a. Original – to court.
 - b. Copy – to opposing party.
2. Prepared by plaintiff.
3. Attachments
 - a. Form DC-441, BILL OF PARTICULARS or Form DC-442, GROUNDS OF DEFENSE.
4. Preparation details
 - a. This form serves as a supplement to Forms DC-441, BILL OF PARTICULARS and DC-442, GROUNDS OF DEFENSE. These forms were designed primarily to assist pro se litigants in comply with a court’s order to produce relevant pleadings.

ITEMIZED LIST OF DAMAGES

Commonwealth of Virginia Rule 7B:2

Case No. 1

2
HEARING DATE AND TIME

3
PLAINTIFF v. DEFENDANT

Attach to a bill of particulars or grounds of defense as appropriate. You may attach additional paper if needed.

	ITEM(S) (Describe)	AMOUNT \$ Claimed
1.	<u>4</u>	<u>5</u>
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
	Total	\$ <u>6</u>

7 [] See continuation sheet.

Data Elements

1. Case number.
2. Date and time hearing or trial scheduled.
3. Style of case.
4. Description of item alleged to be damaged (e.g., brand name, serial number, quantity, age of item, purchase price, date of purchase).
5. Insert dollar amount claimed.
6. Insert total dollar amount claimed.
7. Check box if additional sheet(s) attached.

Using This Form

1. Prepared by plaintiff except as to acknowledgement; acknowledged by clerk, magistrate, or judge.
2. Attachments
 - a. List of facts supporting the grounds of attachment.
 - b. District court form, DC-446, ATTACHMENT SUMMONS.
 - c. District court form, DC-447, ATTACHMENT – PLAINTIFF’S BOND FOR LEVY OR SEIZURE.
3. Preparation details
 - a. The facts listed in the list of facts must support the legal basis (grounds of attachment) listed in Data Element No. 22.
 - b. In Data Element No. 24, the last check box may be checked along or in combination with either other check box in Data Element No. 24.

ATTACHMENT PETITION

Virginia Code §§ 8.01-537, 16.1-105, 46.2-613.4, 46.2-1134

CASE NO. 1

2
COURT NAME

3
PLAINTIFF(S)/PETITIONER

v.

5
PRINCIPAL DEFENDANT(S)

4
ATTORNEY FOR PLAINTIFF(S)

6
CO-DEFENDANT(S)

STATEMENT

{ Debt or damages (II.a.)	\$ <u>7</u>
{ Interest at ____% to Hearing Date	\$ <u>8</u>
{ Specific Personal property (I.a.)	\$ <u>9</u>
{ Detention Damages (I.c.)	\$ <u>10</u>
Bond Premium (if any)	\$ <u>11</u>
Attorney's Fee (by contract)	\$ <u>12</u>
Court Fees and Costs	\$ <u>13</u>
Storage (estimated to hearing date)	\$ <u>14</u>
TOTAL CLAIMED	\$ <u>15</u>

PLAINTIFF(S) – claims against Principal Defendant(s) are to recover

16 I. Specific personal property (estimated fair value shown in STATEMENT):

a. 17
DESCRIPTION OF PROPERTY (Including Kind and Quantity)

b. 18
CHARACTER OF ESTATE CLAIMED BY PETITION (Petitioner's Interest in the above Property)

c. Damages to which the plaintiff(s) – petitioner(s) is entitled to recover for its detention as shown in STATEMENT.
OR

19 II. A debt or damages (amount shown in STATEMENT):

- a. debt due and owing based on a contract and which will be due and owing on
- 20** damages for a breach of contract, express or implied
- damages for a wrong
- judgment for which no supersedeas or other appeal bond has been posted

21 b.
DETAILS OF PLAINTIFF-PETITIONER'S CLAIM

PLAINTIFF(S)/PETITIONER – states that the prerequisite Ground for Attachment number 22 [from list on back] is present in this case and a list of facts supporting this ground is attached and incorporated into this petition.

PLAINTIFF(S) therefore request the following specific relief (if any):

23 levy levy and take into possession (seize) } the following property:
 the property described in I.a., above

24 with estimated fair market value of \$
 such property in the estate of the principal defendant(s) as will satisfy the amount shown in TOTAL CLAIMED at right and such other relief as may be required and appropriate.

The statements above are true and accurate to the best of my knowledge and belief.

Acknowledged, subscribed and sworn to before me this day.

26
DATE

25
 PLAINTIFF PLAINTIFF'S AGENT PLAINTIFF'S ATTORNEY DMV AGENT

27
 CLERK MAGISTRATE JUDGE
 NOTARY PUBLIC: My commission expires:

Data Elements

1. Court case number.
2. Court name.
3. Name(s) and street address(es) of plaintiff(s)/petitioner.
4. Insert name(s) of petitioner's/plaintiff's attorney(s).
5. Name(s) and street address(es) of principal defendant(s).
6. Name(s) and street address(es) of co-defendant(s).
7. Insert amount of debt or damages if applicable.
8. Insert amount and rate of interest (if any).
9. Insert fair value of property if applicable.
10. Insert amount (if any) for claimed damages for unlawful detention.
11. If surety is used to secure ATTACHMENT – PLAINTIFF'S BOND FOR LEVY OR SEIZURE, form DC-447, include bond premium.
12. If claim involves a contract of debt obligation allowing attorney's fees to be collected, insert estimated attorney's fees.
13. Insert estimated court fees and costs if actual fees are not known; otherwise, use actual fees.
14. Insert estimated storage fees.
15. Insert total amount claimed.
16. If plaintiff is suing to recover specific property, check this box and complete Data Element Nos. 17 and 18.
17. Describe in detail the property which plaintiff seeks to recover.
18. Describe plaintiff's interest in the property described in Data Element No. 3.
19. If plaintiff is seeking to recover a debt or damages, check this box and complete Data Element Nos. 20 and 21.
20. Check the appropriate boxes and (if applicable) insert the due date to show the nature of the debt or damages.
21. Insert details of the claim described in Data Element No. 7.
22. Insert number from page 2 of this form stating legal basis of grounds of attachment.
23. Check specific type of action sought by the plaintiff.
24. Check (and complete if appropriate) the description of property to be attached. See Using This Form, 4.b.
25. Signature of plaintiff or his agent or attorney. Check the appropriate title box below the signature line.
26. Date of acknowledgement. (Completed by person taking the acknowledgement.)
27. Signature of person taking the acknowledgement. (Completed by person taking the acknowledgement.)

A. The principal defendant or one of the principal defendants:

- A. (1) Is a foreign corporation, or is not a resident of this Commonwealth, and has estate or has debts owing to such defendant within the county or city in which the attachment is, or that such defendant being a nonresident of this Commonwealth, is entitled to the benefit of any lien, legal or equitable, on property, real or personal, within the county or city in which the attachment is. The word "estate," as herein used, includes all rights or interest of a pecuniary nature which can be protected, enforced, or proceeded against in courts of law or equity;
- A. (2) Is removing or is about to remove himself out of this Commonwealth with intent to change his domicile;
- A. (3) Intends to remove, or is removing, or has removed the specific property sued for, or his own estate, or the proceeds of the sale of his property, or a material part of such estate or proceeds, out of this Commonwealth so that there will probably not be therein effects of such debtor sufficient to satisfy the claim when judgment is obtained therefor should only the ordinary process of law be used to obtain the judgment;
- A. (4) Is converting, is about to convert or has converted his property of whatever kind, or some part thereof, into money, securities or evidences of debt with intent to hinder, delay or defraud his creditors;
- A. (5) Has assigned or disposed of or is about to assign or dispose of his estate, or some part thereof, with intent to hinder, delay or defraud his creditors;
- A. (6) Has absconded or is about to abscond or has concealed or is about to conceal himself or his property to the injury of his creditors, or is a fugitive from justice.

The intent mentioned in Subdivision A(4) and A(5) above may be stated either in the alternative or conjunctive.

B. The specific personal property sought to be levied or seized:

- B. (1) Will be sold, removed, secreted or otherwise disposed of by the defendant, in violation of an obligation to the plaintiff, so as not to be forthcoming to answer the final judgment of the court respecting the same; or
- B. (2) Will be destroyed, or materially damaged or injured if permitted to remain in the possession of the principal defendant or one of the principal defendants or other person or persons claiming under them.

C. In an action for rent, there is an immediate danger that the property subject to the landlord's lien for rent will be destroyed or concealed.

Using This Form

1. Copies – Note: This is a master form. Copies must be made for use.
 - a. Original – to court.
 - b. First copy – to principal defendant. If more than one defendant, prepare additional copies for each principal defendant and co-defendant as described on form DC-445, ATTACHMENT PETITION.
 - c. Second copy – to plaintiff.
2. Front of form prepared by judge or magistrate; reverse of form completed by executing officer.
3. Attachments
 - a. Form DC-445, ATTACHMENT PETITION.
 - b. Form DC-447, PLAINTIFF’S BOND FOR LEVY OR SEIZURE, must be posted. See Preparation details, b.
4. Preparation details
 - a. The items described in Data Element No. 8 on the front side of this form have been selected by the plaintiff for seizure. If not so selected, then the serving officer selects the items to be attached.
 - b. No ATTACHMENT SUMMONS may be issued until a proper bond is posted.
 - c. Data Element No. 17 is the number of the court receipt issued by the clerk.

ATTACHMENT SUMMONS

Commonwealth of Virginia Va. Code §§ 8.01-546, 8.01-568, 8.01-553, 8.01-563, 16.1-105, 46.2-613.4, 46.2-1134

1

..... General District Court

2

..... STREET ADDRESS OF COURT

4

..... Hearing Date and Time

3 Petition granted:

Method of Attachment	6	<input type="checkbox"/> Original Attachment	<input type="checkbox"/> Bond given	A copy of petition and the bond accompany this Summons
<input type="checkbox"/> Levy Only		<input type="checkbox"/> Other Attachment	7	
<input type="checkbox"/> Seizure (levy and take into possession)				

5

TO THE SHERIFF:

You are commanded to attach, by the method of attachment described above,

8 the specific property claimed in the petition, and so much more of the non-exempt personal property of the Principal Defendant(s) as shall be necessary to cover the damages for the detention of the specific property sued for and the costs of the attachment, the total amount claimed being the same as shown in the petition;

OR

9 so much of the property of the Principal Defendant(s) not exempt from execution as will be sufficient to satisfy the plaintiff's demand and, if taken into possession, to be kept safely in his possession to satisfy any judgment that may be covered by Plaintiff(s) in such attachment; the total amount claimed being as shown in the petition;

and to make your return on the reverse side of this summons. You are further commanded to summon the Principal Defendant(s) to appear and answer the attached petition for attachment and to serve a copy of this summons on the Co-defendant(s), if any.

TO THE PRINCIPAL DEFENDANT(S):

You are commanded to appear before this Court at the HEARING DATE AND TIME shown above to answer the claims of the Plaintiff(s) as described in the attached petition.

TO THE PRINCIPAL DEFENDANT(S) AND (IF ANY) CO-DEFENDANTS:

If you possessed the property described in the petition and it was not seized by the Sheriff or a deputy sheriff, you must not remove, hide, alter, destroy, convert, sell, give away, pledge, pawn, assign or otherwise dispose of such property until otherwise ordered by this court. Failure to comply with this requirement could result in a fine and a jail sentence for contempt of court. You have the following rights:

- To have a hearing within 10 business days from your request for a hearing. At each hearing, you may contest the claim of the Plaintiff(s). You may also establish at the hearing the existence of any exemptions which would permit you or someone else to keep some or all of the property free from this attachment.
- To post a bond with the sheriff to regain the property taken or to release the property from the attachment's lien; or, if the property was seized pursuant to § 46.2-613.4, or § 46.2-1134, the bond shall be posted with a judicial officer.

It may be helpful for you to seek the advice of an attorney in this matter.

10

Petition denied

11

..... DATE ISSUED

12

..... MAGISTRATE JUDGE

CASE NO. **13**

PLAINTIFF(S):

14

V.

PRINCIPAL DEFENDANT(S):

15

CO-DEFENDANT(S):

16

ATTACHMENT SUMMONS

RECEIPT NO.

17

DATE FEE RECEIVED

18

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice on the back side about requesting a change of trial location.

To dispute this claim, you must appear on the return date to try this case.

To dispute this case, you must appear on the return date for the judge to set another date for trial.

Attorney for Plaintiff(s)

20

HEARING DATE AND TIME

21

Data Elements, *page one of two*

1. Jurisdiction name.
2. Court street address.
3. Check if petition granted.
4. Date and time of hearing.
5. Check appropriate box to show method of attachment requested by plaintiff.
6. Check “original attachment” if no other attachments have previously been issued on the petition; otherwise, check “other attachment.”
7. Check after proper bond is accepted. See Using This Form, 4.b. Also show amount of bond.
8. Check if plaintiff requests that specific property described in form DC-445, ATTACHMENT PETITION, is to be attached.
9. Check if plaintiff did not request attachment of any specific property in form DC-445, ATTACHMENT PETITION.
10. Check if petition denied.
11. Date of issuance of ATTACHMENT SUMMONS.
12. Signature of person issuing ATTACHMENT SUMMONS. Check the appropriate title box below the signature line.
13. Court case number.
14. Name(s) and street address(es) of plaintiff(s).
15. Name(s) and street address(es) of principal defendant(s).
16. Name(s) and street address(es) of co-defendant(s).
17. Court receipt numbers.
18. Date on which clerk received fees.
19. Check box for method used to set contested cases.
20. Name and address of plaintiff’s attorney.
21. Hearing date and time, space allowed so that continuances may be included.

INVENTORY OF ITEMS ATTACHED

I, the undersigned officer, this day levy on or seize the following items and no others. (Where my initials appear in the "SEIZED" column, the corresponding item was taken into my possession. If blank, the corresponding item was levied on.)

SEIZED (Initial)	ITEM
1	1. 2
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.
	11.
	12.
3 DATE	by 4 , SHERIFF by 5 , DEPUTY SHERIFF

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on Page One of this form in the top right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If mailed to the court, you will be notified of the judge's decision.

RETURNS: Each defendant was served according to law, as indicated below, unless not found, with a copy of both this summons and the § 8.01-546.1 form.

NAME..... **6**

ADDRESS..... **7**

8 PERSONAL SERVICE Tel. No. **7**

9 Being unable to make personal service, a copy was delivered in the following manner:

10 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. **10**

9 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.)

11 Served on Secretary of the Commonwealth.

Not found **12**
SERVING OFFICER

13 For **14**
DATE

NAME..... **6**

ADDRESS..... **7**

8 PERSONAL SERVICE Tel. No. **7**

9 Being unable to make personal service, a copy was delivered in the following manner:

10 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. **10**

9 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.)

11 Served on Secretary of the Commonwealth.

Not found **12**
SERVING OFFICER

13 for **14**
DATE

Data Elements, *page two of two*

1. Initials of officer beside each item taken into physical possession by the seizing officer.
2. Description of items levied or seized.
3. Date of levy or seizure.
4. Signature of sheriff if sheriff actually levied or seized property; name of sheriff (printed or typed) if levy or seizure made by deputy sheriff.
5. Signature of deputy sheriff if deputy sheriff actually levied or seized property.
6. Name of person to be summoned. If person is a corporation's registered agent, show name of corporation on second line.
7. Address and telephone number of person to be summoned.
8. Check this box if personal service obtained.
9. Serving officer to check the appropriate box to designate type of substitute service.
10. If served by leaving the summons with a family member over age 16, check the appropriate box and insert required information.
11. Check this box if unable to serve process.
12. Signature of serving officer.
13. Date of signature.
14. Name of sheriff if served by deputy sheriff.

Using This Form

1. Copies – (Contact the court to determine if you should bring copies to the Clerk's Office or if copies will be made upon filing.)
 - a. Original – to court.
 - b. First copy – to principal on bond.
 - c. Second copy – to surety. If more than one surety, prepare copies for each surety.
 - d. Additional copies – to person served (attached to summons).
2. Prepared by plaintiff or surety, acknowledged by clerk, magistrate, or judge.
3. Attachments
 - a. Form DC-416, DETINUE SEIZURE ORDER.
 - b. Form DC-424, DISTRESS WARRANT.
 - c. Form DC-446, ATTACHMENT SUMMONS.
 - d. Form DC-332, AFFIDAVIT OF SURETY (if real estate is offered as security).
4. Preparation details
 - a. The local Clerk's Office should be consulted to determine if the local judges allow the acceptance of realty as security on a civil bond and, if so, under what conditions.
 - b. This bond must always be executed before a DETINUE SEIZURE ORDER, form DC-416, or a DISTRESS WARRANT, form DC-424, or an ATTACHMENT SUMMONS, form DC-446, can be issued.
 - c. Data Element No. 6 is the number of the court receipt issued by the clerk.

PLAINTIFF'S BOND FOR LEVY OR SEIZURE

Commonwealth of Virginia VA. CODE § 8.01-537.1

Case No. **1**

2

COURT NAME

3

PLAINTIFF(S)

v.

4

PRINCIPAL DEFENDANT(S)

OTHER PRINCIPAL:

Giving bond as possessor of attached property:

9

NAME

ADDRESS

ADDRESS of Property Posted as Security:

10

SURETY: (Names and Addresses)

11

BOND AMOUNT \$ 5	RECEIPT NO. (IF CASH BOND) 6
DATE RECEIVED 7	DATE DISBURSED 8

The undersigned each hereby acknowledge himself, his heirs, and his assigns indebted jointly and severally to any person who sustains damages because of the suing out of the attachment in this case in the sum of **13**

\$ **12** that is secured by Cash [OR] Surety [OR] Property

(and if secured by property, the undersigned, having demonstrated the nature of their interest in the property also make oath that the equity of the undersigned in the property equals or exceeds the amount of this bond). The undersigned each waives all benefit of the homestead exemptions as to the debt of this bond.

The conditions of this obligation are that:

1. If any property is seized to process for seizure issued on the petition of Plaintiff(s), and the right of possession is adjudged against Plaintiff(s), then such property shall be redelivered by Plaintiff(s) to Defendant(s) or to the person from whose possession it was taken; and
2. Plaintiff(s) shall pay all costs and damages awarded against Plaintiff(s) in this case or sustained by any person as a result of an unlawful levy or seizure.

If Plaintiff(s) faithfully fulfill these conditions, this debt will become void; otherwise this debt shall remain in full force and effect until satisfied, declared void or released by a court of competent jurisdiction, or released by Defendant(s).

14

(SEAL)

SURETY

15

(SEAL)

PLAINTIFF OTHER PRINCIPAL

SURETY

Subscribed and sworn to before me this day.

16

DATE

17

CLERK MAGISTRATE JUDGE

NOTARY PUBLIC: My Commission expires:.....

Data Elements

To be completed by the Clerk:

1. Court case number.
2. Court name.
3. Name(s) of plaintiff(s).
4. Name(s) of defendant(s).

To be completed by the Clerk:

5. Bond amount.
6. Court receipt number.
7. Date of receipt of completed bond by clerk.
8. Date that bond is released and collateral (including cash) is returned to its owner, or the date that the bond is forfeited to be applied to the judgment in this case.

9. Name of other principal if plaintiff is not principal on this bond.
10. If realty used as security, give address of real property.
11. Information concerning the surety (name, street address) and, if corporate surety used, the name and street address of the authorized agent.
12. Amount of bond.
13. Type of security posted to secure bond.
14. Signature of surety(ies). If corporate surety, have authorized agent sign the name of the corporation and also sign as authorized agent.
15. Signature of plaintiff or other principal.

To be completed by person acknowledging signature:

16. Date of acknowledgment.
17. Signature of person taking acknowledgment. Check appropriate title box below signature line. If a notary public, also include expiration date of commission.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to surety. If more than one surety, prepare additional copies.
 - c. Second copy – to principal.
2. Prepared by principal or surety; acknowledged by clerk or notary public.
3. Attachment – none.
4. Preparation details
 - a. The local judges should be consulted concerning the acceptance of realty as security on a civil bond and, if so, under what conditions.
 - b. This bond must be executed before the defendant or other possessor may retain the property after being served with a Detinue Seizure Order, DC-416, a Distress Warrant, DC-424, or an Attachment Summons, DC-446.
 - c. This bond is made by the defendant to the sheriff.
 - d. If additional information is to be typed on back side, carbon paper must be used.

DEFENDANT'S BOND FOR LEVY OR SEIZURE

Case No.

1

Commonwealth of Virginia Va. Code §§ 8.01-116, 8.01-526, 8.01-553, 55-232

2

COURT NAME

3

PLAINTIFF(S)

v.

4

PRINCIPAL DEFENDANT(S)

BOND AMOUNT \$ 5	RECEIPT NO. (IF CASH BOND) 6
DATE RECEIVED 7	DATE DISBURSED 8

OTHER PRINCIPAL:

Giving bond as possessor of attached property:

15

NAME

ADDRESS

The undersigned each hereby acknowledge himself, his heirs, and his assigns indebted jointly and severally

10

to Plaintiff(s) in the sum of \$ **9** that is secured by Cash [OR] Surety [OR] Property

(and if secured by property, the undersigned, having demonstrated the nature of their interest in the property to the officer taking this bond, also make oath that the equity of the undersigned in the property equals or exceeds the amount of this bond). The undersigned each waives all benefit of the homestead exemptions as to the debt of this bond.

The conditions of this debt shall be that Principal Defendant(s) or Other Principal undersigned

have forthcoming at

11 such time and place as the court may direct

12 on **13**

LOCATION

DATE AND TIME

the property described below in substantially the same condition as existed at the time of the levy or seizure (and the undersigned assumes all risk of damages or loss), with such property being retained or returned to the Principal Defendant(s) or other person in whose possession it was until such property is required to be forthcoming, and pay all damages and costs which may be awarded to any person by the Court in this case.

shall perform the judgment of the Court for the release from the

14 attachment the property described below

If this condition is faithfully fulfilled, this debt is to be void; otherwise it is to remain in full force and effect until satisfied, declared void or released by a court of competent jurisdiction, or release by Plaintiff(s).

ADDRESS of Property Posted as Security:

16

SURETY: (Names and Addresses)

17

Property previously attached:

18

[] CONTINUED ON BACK

19

(SEAL)

SURETY

19

(SEAL)

SURETY

20

(SEAL)

[] PRINCIPAL DEFENDANT [] OTHER PRINCIPAL

Subscribed and sworn to before me this day.

21

DATE

FORM DC-448 MASTER 7/93

22

[] CLERK [] MAGISTRATE [] JUDGE
[] NOTARY PUBLIC: My Commission Expires:

Data Elements

1. Court case number.
2. Jurisdiction name and type of court.
3. Name(s) of plaintiff(s).
4. Name(s) of defendant(s).
5. Amount of bond to be posted.
6. Number of receipt given if cash deposit taken. If not a court receipt, indicate whose receipt is given.
7. Date that bond is received in court.
8. Date that bond is released and security (including cash) is returned to its owner or, the date that the bond is forfeited to be applied to the judgment in the case.
9. Amount of bond.
10. Check the type of security posted to secure the bond; use reverse if necessary.
11. Check if bond will serve as a forthcoming bond.
12. If data element no. 4 is checked, show location where the property described in data element no. 8 is to be delivered if the defendant's lose the case.
13. Date and time of delivery of the property to the location described in data element no. 8.
14. Check this item if the bond will function as a performance bond in that the judgment (if any) will be satisfied by this bond's security.
15. If the principal is not the defendant, give name and address of principal.
16. If real estate is pledged as security, give address of property.
17. Name and addresses of surety and its agent, if any.
18. Description of property subject to attachment (levy or seizure); check box and continue on reverse side if necessary.
19. Signature of surety. If corporate surety, have agent sign corporate name and also sign as authorized agent.
20. Signature of bond's principal. Check the appropriate box below the signature line.
21. Date of acknowledgment.
22. Signature of person taking acknowledgment.

Using This Form

1. Copies – (Contact the court to determine if you should bring copies to the Clerk’s Office or if copies will be made upon filing.)
 - a. Original – to court.
 - b. Copies as determined by local practice.
2. Prepared by judgment creditor.
3. Attachments – none.
4. Preparation details
 - a. The plaintiff is responsible for calculating the interest due. Interest is computed on the judgment principal only. See Virginia Code § 8.01-382.
 - b. Information explaining credits may be contained in a separate document attached to the suggestion or placed on the reverse side of the suggestion.

SUGGESTION FOR SUMMONS IN GARNISHMENT

Commonwealth of Virginia Va. Code § 8.01-511

1

CITY OR COUNTY

General District Court

ORIGINAL JUDGMENT

STATEMENT

\$ **5** Judgment Principal
 **6** Credits (see reverse)
 **7** Interest at _____ % to return date
 **8** Judgment Costs
 **9** Attorney's Fee
 **10** Garnishment Costs

DATE OF JUDGMENT	DATE EXECUTION ORDERED
2	3
CITY OR COUNTY WHERE JUDGMENT ENTERED	
4	

MAXIMUM PORTION OF DISPOSABLE EARNINGS SUBJECT TO GARNISHMENT

12 Support (if not specified, then 50%)
 50% 55% 60% 65% State Taxes, 100%
 If none of the above are checked, then § 34-29(a) applies (a plain-language interpretation of this section is on the reverse of the SUMMONS).

\$ **11** Total Balance Due

The garnishee shall rely on this amount.

I request the Clerk to summon the Suggested Garnishee to answer this suggestion.

13 This is a garnishment against (check only one) the judgment debtor's wages, salary or other compensation. some other debt due or property of the judgment debtor, specifically
 I have reason to believe that there is a liability on the suggested garnishee because of the execution on the "ORIGINAL JUDGMENT" described above. I certify that:

- (1) The summons is based upon a judgment upon which a prior summons has been issued but not fully satisfied; or
 (2) No summons has been issued upon this judgment creditor's suggestion against the same judgment debtor within a period of eighteen months, other than a summons which was based upon a judgment upon which a prior summons has been issued but not fully satisfied; or
14 (3) The summons is based upon a judgment granted against a debtor upon a debt due or made for necessary food, rent, or shelter, public utilities including telephone service, drugs, or medical care supplied the debtor by the judgment creditor or to one of his or her lawful dependents, and that it was not for luxuries or nonessentials; or
 (4) The summons is based upon a judgment for a debt due the judgment creditor to refinance a lawful loan made by an authorized lending institution; or
 (5) The summons is based upon a judgment on an obligation incurred as an endorser or comaker upon a lawful note; or
 (6) The summons is based upon a judgment for a debt or debts reaffirmed after bankruptcy.

I hereby certify that the last known address of the defendant is as shown at right.

15 I represent that I have made a diligent, good faith effort to secure the social security number of the judgment debtor and have been unable to do so.

16

DATE SUBMITTED

17

JUDGMENT CREDITOR AGENT ATTORNEY

WARNING: Any judgment creditor who knowingly gives false information in a Suggestion for Garnishment shall be guilty of a class 1 misdemeanor.

CASE NO.	RETURN DATE
18	19
SUGGESTION FOR SUMMONS IN GARNISHMENT	
JUDGMENT CREDITOR'S NAME	
20	
STREET ADDRESS	
CITY	STATE ZIP
TELEPHONE NUMBER	
JUDGMENT CREDITOR'S ATTORNEY'S NAME	
21	
STREET ADDRESS	
CITY	STATE ZIP
TELEPHONE NUMBER	
JUDGMENT DEBTOR'S NAME	
22	
STREET ADDRESS	
CITY	STATE ZIP
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER
SUGGESTED GARNISHEE'S NAME (SEE NOTE BELOW)	
23	
STREET ADDRESS	
CITY	STATE ZIP
TELEPHONE NUMBER	
If garnishee is judgment debtor's employer, please furnish employer's name, and state whether it is a corporation, or one or more persons trading under a fictitious or trade name. 24	

Data Elements, front

1. Court name.
2. Date of entry of judgment.
3. Date on which execution on the judgment was issued by the court.
4. Name of city or county where judgment was entered.
5. Net amount of judgment principal awarded to plaintiff. Do not include costs or attorney's fees here.
6. Total amount paid on judgment to date. Enter credit as "-0.00" or negative number to ensure proper automatic calculation.
7. Amount and rate of interest on the unpaid balance of the judgment principal from date of filing until the return date. Interest can be charged on the unpaid balance of the judgment principal only.
8. Costs awarded in the original judgment.
9. Attorney's fees awarded in the original judgment.
10. Courts fees incurred by plaintiff in obtaining a garnishment summons.
11. Total net amount due.
12. Indicate the percentage of disposed earnings that can be withheld.
13. Check the appropriate box regarding the nature of property to be garnished.
14. Check the applicable legal basis for obtaining a garnishment.
15. Check if debtor's social security number is unknown after diligent, good faith effort is made to secure it.
16. Date of signing the Suggestion for Summons in Garnishment.
17. Signature of person requesting this document.

To be completed by the clerk:

18. Case number.
19. Return date on garnishment summons.

20. Name, address, telephone number of creditor.
21. Name, address, telephone number of creditor's attorney if applicable.
22. Name, last known address, telephone number, and the social security number of the debtor.
23. Name, telephone number, and address of garnishee.
24. Give information requested if applicable.

INSTRUCTIONS TO JUDGMENT

Show how these credits were computed on this side of this form or on an attached sheet of paper.
You should show:

- Date and amount of each payment.
- How interest is computed.
- How payments are credited.

Using This Form

1. Copies

- a. Original – to court.
- b. First copy – to judgment debtor.
- c. Second copy – to garnishee.
- d. Third copy – to judgment debtor (mailed by sheriff after garnishee is served).
- e. Fourth copy – to judgment creditor.

Summons, except names, addresses, telephone numbers, amounts subject and basis for garnishment, and writ of fieri facias portions prepared by clerk; case disposition portion prepared by judge; service of process, except names and addresses, prepared by serving officer.

2. Attachments

- a. Form DC-450, SUGGESTION FOR SUMMONS IN GARNISHMENT (original only) – attach after service return of form DC-450. Form DC-451 should remain in the pending court date file until the original form DC-450 service return is filed with the clerk.
- b. Form DC-454, REQUEST FOR HEARING – GARNISHMENT EXEMPTION CLAIM (all copies)
- c. Form DC-455, GARNISHEE INFORMATION SHEET (all copies)
- d. Form DC-456, GARNISHEE'S ANSWER (garnishee's copy only)

3. Preparation details

- a. Summons may be completely prepared by clerk or partially prepared by judgment creditor. Writ of fieri facias portion prepared by clerk; disposition portion prepared by judge; service of process portion, except names, address and telephone numbers, completed by serving officer.
- b. By using this form which includes Writ of Fieri Facias, the clerk does not need to prepare a separate form DC-467, WRIT OF FIERI FACIAS, except when requested by plaintiffs seeking to enforce judgments by a levy pursuant to a Writ of Fieri Facias as well as by a garnishment summons.
- c. Form DC-454, REQUEST FOR HEARING – GARNISHMENT EXEMPTION CLAIM must be attached to all copies of the summons without exception.
- d. Only one garnishee and one judgment debtor may be named in a Garnishment Summons.

GARNISHMENT SUMMONS

Commonwealth of Virginia Va. Code §§ 8.01-511, 8.01-512.3

1 General District Court
COURT NAME

2 COURT ADDRESS AND TELEPHONE NUMBER

TO ANY AUTHORIZED OFFICER: You are hereby commanded to serve this summons on the judgment debtor and the garnishee.

TO THE GARNISHEE: You are hereby commanded to (1) file a written answer with this court, or (2) deliver payment to this court, or (3) appear before this court on the hearing date and time shown on this summons to answer the Suggestion for Summons in Garnishment of the judgment creditor that, by reason of the lien of writ of fieri facias, there is a liability as shown in the statement upon the garnishee.

As garnishee, you shall withhold from the judgment debtor any sums of money to which the judgment debtor is or may be entitled from you during the period between the date of service of this summons on you and the date for your appearance in court, subject to the following limitations: (1) The maximum amount which may be garnished is the "TOTAL BALANCE DUE" as shown on this summons. (2) You shall not be liable to the judgment creditor for any property not specified in this garnishment summons. (3) If the sums of money being garnished are earnings of the judgment debtor, then the provision of "MAXIMUM PORTION OF DISPOSABLE EARNINGS SUBJECT TO GARNISHMENT" shall apply.

If a garnishment summons is served on an employer having one thousand or more employees, then money to which the judgment debtor is or may be entitled from his or her employer shall be considered those wages, salaries, commission or other earnings which, following service on the garnishee-employer, are determined and are payable to the judgment debtor under the garnishee-employer's normal payroll procedure with a reasonable time allowance for making a timely return by mail to this court.

3 DATE OF ISSUANCE OF SUMMONS 4 CLERK

5 DATE AND TIME OF DELIVERY OF WRIT OF FIERI FACIAS TO SHERIFF IF DIFFERENT FROM DATE OF ISSUANCE OF THIS SUMMONS

WRIT OF FIERI FACIAS TO ANY AUTHORIZED OFFICER: You are hereby commanded to execute this writ and to make from the intangible personal estate of the judgment debtor(s) the principal, interest, costs and attorney's fees, less credits, shown in the Garnishment Summons. You are further commanded to make your return to the clerk's office according to law.

Homestead Exemption Waived? [] yes [6] no [] cannot be demanded

7 DATE OF ISSUANCE OF WRIT 8 CLERK

CASE DISPOSITION

I ORDER that 9 [] the garnishee pay to the judgment creditor through the court \$ net of any credits. [] the case be DISMISSED.

10 []

11 DATE ENTERED 12 JUDGE

Case No. 13, Judgment Creditor's Name 14, Street Address, City, State, Zip, Telephone Number, Judgment Creditor's Attorney's Name 15, Address, Telephone Number, Judgment Debtor's Name (SERVE) 16, Street Address, City, State, Zip, Social Security Number, Telephone Number, Garnishee's Name 17, Street Address, City, State, Zip, Date of Judgment, Telephone Number 18, Statement: Judgment Principal, Credits, Interest 19, Judgment Costs, Attorney's Fees, Garnishment Costs, 20 TOTAL BALANCE DUE The garnishee shall rely on this amount.

HEARING DATE & TIME

21

GARNISHMENT SUMMONS

This is a garnishment against (check only one)

22 [] the judgment debtor's wages, salary or other compensation.

23 [] some other debt due or property of the judgment debtor, specifically,

MAXIMUM PORTION OF DISPOSABLE EARNINGS SUBJECT TO GARNISHMENT 24

- [] Support
[] 50% [] 55%
[] 60% [] 65%
(if not specified, then 50%)
[] state taxes, 100%

If none of the above are checked, then § 34-29(a) applies (a plain-language interpretation of this section is on the reverse of this GARNISHMENT SUMMONS).

\$ received by

25 JUDGMENT CREDITOR

[] Judgment debtor present

26 DATE

Data Elements, *front*

1. Insert court name.
2. Insert court street address and telephone number.
3. Insert date of issuance.
4. Signature of clerk.
5. Insert date of delivery of writ of execution to serving officer. Use date in Data Element No. 7 unless this summons is issued in connection with an earlier Writ of Fieri Facias (in which case, use the date of issuance of such writ).
6. Check the appropriate box.
7. Insert date of issuance.
8. Signature of clerk.
9. Check the appropriate box and, if applicable, insert total amount of garnishment ordered, including costs.
10. Check the appropriate box and, if applicable, complete line after "other."
11. Insert date of entry of order of payment on garnishment summons.
12. Signature of judge.
13. Insert court case number.
14. Insert name, address and telephone number of judgment creditor.
15. Insert name, address and telephone number of creditor's attorney.
16. Insert name, address, social security number and telephone number of judgment debtor.
17. Insert name, address and telephone number of garnishee.
18. Insert date of entry of judgment on which this garnishment is based.
19. Insert list of debits and credits on this garnishment (see Data Element Nos. 4 through 10, DC-450).
20. Insert total amount due judgment creditor after credits in Data Element No. 19 are applied.
21. Insert hearing date and time. Additional space is allotted for subsequent hearing dates.
22. Check the box, if applicable, and specify debt due or property, if applicable.
23. Check the box, if applicable, and complete line after "specifically."
24. Check the appropriate basis for judgment (see Data Element No. 11, form DC-450).
25. Upon receipt of payment in court, insert amount, have judgment creditor initial and date receipt.
26. Check this box if judgment debtor was present in court when payment was made.

The following statement is not the law but is an interpretation of the law which is intended to assist those who must respond to this garnishment. You may rely on this only for general guidance because the law itself is the final word. (Read the law, § 34-29 of the Code of Virginia, for a full explanation. A copy of § 34-29 is available at the Clerk's office. If you do not understand the law, call a lawyer for help.)

An employer may take as much as 25 percent of an employee's disposable earnings to satisfy this garnishment. But if any employee makes the minimum wage or less for his week's earnings, the employee will ordinarily get to keep 40 times the minimum hourly wage.

But an employer may withhold a different amount of money from that above if:

- (1) The employee must pay child support or spousal support and was ordered to do so by a court procedure or other legal procedure. No more than 65 percent of an employee's earnings may be withheld for support.
- (2) Money is withheld by order of a bankruptcy court; or
- (3) Money is withheld for a tax debt.

"Disposable earnings" means the money an employee makes "after taxes" and after other amounts required by law to be withheld are satisfied. Earnings can be salary, hourly wages, commissions, bonuses, payments to an independent contractor, or otherwise, whether paid directly to the employee or not.

If an employee tries to transfer, assign or in any way give his earnings to another person to avoid the garnishment, it will not be legal; earnings are still earnings.

Financial institutions that receive an employee's paycheck by direct deposit do not have to determine what part of a person's earnings can be garnished.

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

GARNISHEE **1**

ADDRESS **2**

.....

PERSONAL SERVICE FEDERAL SERVICE

Being unable to make personal service, a copy was delivered in the following manner:

Served on registered agent of the corporation. List name and title:

..... **5**

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.

..... **6**

7 Posted on front door or such other such door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)

8 Served on the Secretary of the Commonwealth.

9 Served on the Clerk of the State Corporation Commission, pursuant to § 8.01-513.

Copy mailed to judgment debtor after serving the garnishee on date of service unless a different date of mailing is shown.

..... DATE OF MAILING

11 Not found **12**
SERVING OFFICER

..... **13** for **14**
DATE OF SERVICE

* Federal garnishment statutes, 5 U.S.C. § 5520a(c)(1) and 42 U.S.C. § 659 provide that the garnishee, when a federal agency, may be served either personally or by certified or registered mail, return receipt requested.

CAME TO HAND **26**

DATE AND TIME

..... **27**

SHERIFF

RETURNS: The judgment debtor was served, according to law, as indicated below, unless not found, with a copy of both this summons and the § 8.01-512.4 form. **4**

JUDGMENT DEBTOR **15**

ADDRESS **16**

.....

17 PERSONAL SERVICE

Being unable to make personal service, a copy was delivered in the following manner:

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.

..... **19**

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.)

21 Served on the Secretary of the Commonwealth.

22 Not found **23**
SERVING OFFICER

..... **24** for **25**
DATE OF SERVICE

NOTE:
Return of Writ of Fieri Facias to be used if no effects found otherwise, use appropriate sections of DC-467, WRIT OF FIERI FACIAS.

28 NO EFFECTS FOUND

..... **29**
DATE

..... **30**
SHERIFF

..... **31**
DEPUTY SHERIFF

Data Elements, reverse

1. Name of garnishee. If the garnishee is a corporation, show name of corporation on second line.
2. Address and telephone number of garnishee.
3. Check this box if personal service obtained. If garnishee is a federal agency, check federal service box if service obtained according to federal service guidelines.
4. Serving officer to check the appropriate box to designate type of service.
5. Check and complete if served on a corporate garnishee's registered agent. List the name and title of the registered agent.
6. If served by leaving the summons with a family member over age 16, check appropriate box and insert required information.
7. Check if served by posting.
8. Check if served on Secretary of Commonwealth.
9. Check if served on Clerk of the State Corporation Commission.
10. Check and (if applicable) complete to show mailing of copy to judgment debtor after garnishee has been served.
11. Check this box if unable to serve process.
12. Signature of serving officer.
13. Date of service.
14. Agency/jurisdiction. Name of sheriff if served by deputy sheriff.
15. Name of judgment debtor.
16. Address of judgment debtor.
17. Check if served personally.
18. Check box indicating method of service other than personal service.
19. List name, age and relationship to party of person receiving substituted service.
20. Check if served by posting.
21. Check if served on the Secretary of the Commonwealth.
22. Check if not found.
23. Signature of serving officer.
24. Date of service.
25. Jurisdiction/agency. Name of sheriff if served by deputy sheriff.
26. Date received by sheriff.
27. Signature of sheriff.
28. Check if applicable.
29. Date of return of service.
30. Signature of sheriff (print or type if return made by deputy sheriff).
31. Signature of deputy sheriff if return made by deputy.

Using This Form

1. Copies - This is a master form and may be photocopied as needed.
2. No preparation is needed.
3. Attachments

Form DC-451, GARNISHMENT STATUTE, contains a reference in the "plain English" explanation on the reverse side of the form to the effect that a copy of Virginia Code § 34-29 is available in the clerk's office upon request. The form DC-451(a) has been prepared to allow clerks' offices to comply with such requests.

GARNISHMENT STATUTE

§ 34-29. Maximum portion of disposable earnings subject to garnishment.

(a) Except as provided in subsections (b) and (b1), the maximum part of the aggregate disposable earnings of an individual for any workweek which is subjected to garnishment may not exceed the lesser of the following amounts:

- (1) Twenty-five per centum of his disposable earnings for that week, or
- (2) The amount by which his disposable earnings for that week exceed 40 times the federal minimum hourly wage prescribed by § 206(a)(1) of Title 29 of the United States Code in effect that the time earnings are payable.

In the case of earnings of any pay period other than a week, the State Commissioner of Labor and Industry shall by regulation prescribe a multiple of the federal minimum hourly wage equivalent in effect to that set forth in this section.

(b) The restrictions of subsection (a) do not apply in the case of

(1) Any order for the support of any person issued by a court of competent jurisdiction or in accordance with an administrative procedure established by State law, which affords substantial due process, and which is subject to judicial review.

(2) Any order of any court of bankruptcy under Chapter XIII of the Bankruptcy Act

(3) Any debt due for any State or federal tax

(b1) The maximum part of the aggregate disposable earnings of an individual for any workweek which is subject to garnishment to enforce any order for the support of any person shall not exceed:

(1) Sixty per centum of such individual's disposable earnings for that week; or

(2) If such individual is supporting a spouse or dependent child other than the spouse or child with respect to whose support such order was issued, 50 per centum of such individual's disposable earnings for that week.

The 50 per centum specified in clause (b1)(2) shall be 55 per centum and the 60 per centum specified in clause (b1)(1) shall be sixty five per centum if an to the extent that such earnings are subject to garnishment to enforce an order for support for a period which is more than twelve weeks prior to the beginning of such workweek.

(c) No court of the State and no State agency or officer may make, execute or enforce any order or process in violation of this section.

The exemptions allowed herein shall be granted to any person so entitled without any further proceedings.

(d) For the purposes of this section

(1) The term "earnings" means compensation paid or payable for personal services, whether denominated as wages, salary, commission, bonus, payments to an independent contractor, or otherwise, and includes periodic payments pursuant to a pension or retirement program.

(2) The term "disposable earnings" means that part of the earnings of any individual remaining after the deduction from those earnings of any amounts required by law to be withheld, and

(3) The term "garnishment means any legal or equitable procedure through which the earnings of any individual are required to be withheld for payment of any debt.

(e) Every assignment, sale, transfer, pledge or mortgage of the wages or salary of an individual which is exempted by this section, to the extent of the exemption provided by this section, shall be void and unenforceable by any process of law.

(f) No employer may discharge any employee by reason of the fact that his earnings have been subjected to garnishment for any one indebtedness.

(g) A depository wherein earnings have been deposited on behalf of and traceable to an individual shall not be required to determine the portion of such earnings which are subject to garnishment.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to garnishee.
2. Prepared by petitioner; signed by clerk or judge.
3. Attachments
 - a. Form DC-450, SUGGESTION FOR SUMMONS IN GARNISHMENT.
 - b. Form DC-451, GARNISHMENT SUMMONS.
4. Preparation details

This form is designed to provide (1) a formal mechanism for documenting out-of-court settlements of garnishment actions, or other release of a garnishment action, and for notifying the garnishee to release the garnished funds and (2) an easily prepared order of payment.

GARNISHMENT DISPOSITION

Commonwealth of Virginia VA. CODE §§ 8.01-516.1, 8.01-520, 8.01-546.2

Case No. 1

Return Date 2

3 [] General District Court [] Circuit Court
CITY OR COUNTY

4 v. 5
JUDGMENT CREDITOR JUDGMENT DEBTOR

.....
ADDRESS/LOCATION ADDRESS/LOCATION

.....
SOCIAL SECURITY NUMBER

6
GARNISHEE

.....
ADDRESS/LOCATION

ACTION REQUESTED IN PROCEEDINGS

I, the undersigned, respectfully request this Court to advance the Garnishment in this case on the docket of this Court and [] release the Garnishment against the Garnishee named in this request and I certify that:

- 7** [] the claim has been satisfied
- [] the judgment creditor desires its action against the garnishee to be dismissed
- [] enter order for Judgment Creditor for amount collected to date with agreement of Judgment Debtor

I am the

- [] Judgment Creditor
- 8** [] Bona Fide Employee of the Judgment Creditor
- [] Attorney for Judgment Creditor
- [] Defendant

9
DATE

10
SIGNATURE

RELEASE OF GARNISHMENT

By order of the court, the garnishee shall cease withholding funds and other assets of the judgment debtor, and the funds withheld to date shall be treated by the Garnishee as if this Garnishment had not been filed.

11
DATE

12
[] JUDGE [] CLERK

ORDER FOR PAYMENT OF GARNISHED FUNDS

The Garnishee is ORDERED to pay \$ 13 to the Plaintiff/Judgment Creditor through the court, such sum being the amount required to have been garnished in this case. If more than the above amount has been withheld, such excess funds shall be treated by the Garnishee as if this Garnishment had not been filed.

14
.....
.....

15
DATE

16
JUDGE

Data Elements

1. Court case number.
2. Return date on garnishment summons.
3. Court name. Check box designating whether Circuit or General District Court.
4. Name and address of plaintiff (judgment creditor).
5. Name, address and social security number of defendant (judgment debtor).
6. Name and address of garnishee.
7. Check the appropriate box to designate the requested action and the reason for the release where appropriate.
8. Check the appropriate box to designate the status of the requesting person.
9. Date of request.
10. Signature of requesting person.
11. Date of release of garnishment, if applicable.
12. Signature of judge or clerk if garnishment released.
13. Amount to be paid by the garnishee to the judgment creditor.
14. Other terms of order.
15. Date of order.
16. Signature of judge.

Using This Form

1. Copies
 - a. Same number as copies of GARNISHMENT SUMMONS, form DC-451, issued in a case.
2. Prepared by judgment debtor.
3. Attachments
 - a. Form DC-451, GARNISHMENT SUMMONS
 - b. Form DC-449, AFFIDAVIT CONCERNING DEPENDENT CHILDREN AND HOUSEHOLD INCOME, should be attached to this form, in addition to two items of proof showing entitlement, if judgment debtor is claiming exemption No. 22 on the form.
4. Preparation details – judgment debtor completes entire form.
5. This form is on the reverse of the NOTICE TO JUDGMENT DEBTOR – HOW TO CLAIM EXEMPTIONS FROM GARNISHMENT AND LIEN.

**REQUEST FOR HEARING –
GARNISHMENT/LIEN EXEMPTION CLAIM**

Commonwealth of Virginia VA. CODE § 8.01-512.4

Case No. 1

2
COURT NAME

3
JUDGMENT CREDITOR

v.

4
JUDGMENT DEBTOR

and 5
GARNISHEE

I claim that the exemption(s) from garnishment or lien which are checked below apply in this case:

Major Exemptions Under Federal and State Law

- 1. Social Security benefits and Supplemental Security Income (SSI) (42 U.S.C. § 407).
- 2. Veterans' benefits (38 U.S.C. § 5301).
- 3. Federal civil service retirement benefits (5 U.S.C. § 8346).
- 4. Annuities to survivors of federal judges (28 U.S.C. § 376(n)).
- 5. Longshore and Harbor Workers' Compensation Act (33 U.S.C. § 916).
- 6. Black Lung benefits.

Exemptions listed under 1 through 6 above may not be applicable in child support and alimony cases (42 U.S.C. § 659).

- 7. Seaman's, master's or fisherman's wages, except for child support or spousal support and maintenance (46 U.S.C. § 11109).
- 8. Unemployment compensation benefits (§ 60.2-600, Code of Virginia). This exemption may not be applicable in child support cases (§ 60.2-608, Code of Virginia).
- 9. Amounts in excess of portions of wages subject to garnishment (§ 34-29, Code of Virginia).
- 10. Public assistance payments (§ 63.2-506, Code of Virginia).
- 11. Homestead exemption of \$5,000 in cash, or \$10,000 if the householder is 65 years of age or older. (§ 34-4, Code of Virginia). This exemption may not be claimed in certain cases, such as payment of child or spousal support (§ 34-5, Code of Virginia).
- 12. Property of disabled veterans – additional \$10,000 cash (§ 34-4.1, Code of Virginia).
- 13. Worker's Compensation benefits (§ 65.2-531, Code of Virginia).
- 14. Growing crops (§ 8.01-489, Code of Virginia).
- 15. Benefits from group life insurance policies (§ 38.2-3339, Code of Virginia).
- 16. Proceeds from industrial sick benefits insurance (§ 38.2-3549, Code of Virginia).
- 17. Assignments of certain salary and wages (§ 55-165, Code of Virginia).
- 18. Benefits for victims of crime (§ 19.2-368.12, Code of Virginia).
- 19. Proceeds from funeral trusts (§ 54.1-2823, Code of Virginia).
- 20. Certain retirement benefits (§ 34-34, Code of Virginia).
- 21. Child support payments (§ 20-108.1, Code of Virginia).
- 22. Support for dependent children (§ 34-4.2, Code of Virginia). To claim this exemption, an affidavit that complies with the requirements of subsection B of § 34-4.2 and two items of proof showing entitlement to this exemption must be attached to this exemption form. (The affidavit, form DC-449, AFFIDAVIT CONCERNING DEPENDENT CHILDREN AND HOUSEHOLD INCOME, is available at www.courts.state.va.us/forms/district/civil.html or the clerk's office.)
- 23. Other (describe exemption): \$

6

I request a court hearing to decide the validity of my claim. Notice of hearing should be given to me at:

7
ADDRESS

7
TELEPHONE NUMBER

The statements made in this request are true to the best of my knowledge and belief.

8
DATE

9
SIGNATURE OF JUDGMENT DEBTOR

Data Elements, *reverse*

1. Court case number. Retains number of garnishment case; does not receive a separate unique number.
2. Court name.
3. Name of judgment creditor.
4. Name of judgment debtor.
5. Name of garnishee.
6. Check the appropriate line.
7. Judgment debtor's mailing address and telephone number.
8. Date of signing.
9. Judgment debtor's signature.

Using This Form

1. Copies
2. No preparation needed.
3. Attachments - district court form DC-451, GARNISHMENT SUMMONS (garnishee's copy).
4. Preparation details

This form is designed to help garnishees calculate the amount to be withheld and the priority in which garnishments are to be honored.

GARNISHEE INFORMATION SHEET

The following information sheet sets forth procedures which may apply when a garnishee determines the proper amount to be garnished.

I. Garnishment of monies other than earnings (wages, salaries, commissions):

Refer to the debt owed or property specified by the judgment creditor on the GARNISHMENT SUMMONS, and respond to garnishments based on the date shown on the GARNISHMENT SUMMONS as to when the writ of fieri facias was delivered to the sheriff.

Financial Institutions may respond to a GARNISHMENT SUMMONS on district court form DC-456, GARNISHEE'S ANSWER.

- If the account is a joint account, list the names and addresses of all account owners.
- Certain exemptions from garnishment, which are listed on district court form DC-454, NOTICE TO JUDGMENT DEBTOR HOW TO CLAIM EXEMPTIONS FROM GARNISHMENT AND LIEN, REQUEST FOR HEARING – GARNISHMENT/LIEN EXEMPTION CLAIM, attached to the GARNISHMENT SUMMONS, may apply.
- If the account contains federal benefit payments governed by 31 CFR Part 212, list the account balance and the protected amount.

II. Garnishment of earnings for each pay period:

First Step:

Determine what are the “disposable earnings” by calculating the gross earnings, then deducting from gross earnings those amounts required by law to be withheld, such as federal and state taxes and social security withholdings. In calculating disposable earnings, do not deduct other payroll deductions such as insurance premiums, savings plans or retirement contributions.

Second Step:

Determine the maximum amount that may be withheld from “disposable earnings.” A description of this calculation is provided on the back of the attached GARNISHMENT SUMMONS. The following is a way to implement this part of the procedure:

On the front of the GARNISHMENT SUMMONS under “Maximum Amount of Disposable Earnings Subject to Garnishment,” see which boxes have been checked to calculate the maximum amount subject to garnishment.

- If support is checked, then multiply “disposable earnings” by the percentage checked underneath “support.” If no box is checked, then use 50%.
- If “state taxes” is checked, then multiply “disposable earnings” by 100%.
- If none of the boxes are checked, **use the table on the reverse side** and, where a percentage is given, multiply “disposable earnings” by the applicable percentage.

Third Step:

Determine if other deductions for child support or other garnishments apply to the judgment debtor. Virginia law requires that payments for support ordered by a court or by the Division of Child Support Enforcement must be deducted from the maximum amount of disposable earnings subject to garnishment as calculated above in the Second Step to determine the amount left for garnishments. (There may be none left.) After honoring child support deductions, garnishments are to be honored on the basis of the date shown on the GARNISHMENT SUMMONS as to when the writ of fieri facias was delivered to the sheriff.

III. File any GARNISHEE'S ANSWER so that the court receives your answer before the return date shown on the GARNISHMENT SUMMONS. The attached GARNISHEE'S ANSWER may be used for this purpose. If you deliver payment to the court by check, make it payable to the judgment creditor.

IV. Do not withhold funds from this garnishment after the hearing date and time specified in the top right hand corner of the GARNISHMENT SUMMONS, district court form DC-451. Any funds withheld as a result of a voluntary agreement between the judgment creditor and the judgment debtor after this garnishment has been concluded should be paid directly to the judgment creditor. Do not send these funds to the court.

**AMOUNTS GARNISHABLE FROM “DISPOSABLE EARNINGS”
EFFECTIVE JULY 24, 2009**

(wages, salaries, commissions, etc.) (**\$7.25** per hour minimum wage)

	Paid Weekly	Paid Every Two Weeks	Paid Twice a Month**	Paid Monthly**
Disposable Earnings*	\$290 or less	\$580 or less	\$628.33 or less	\$1,256.66 or less
Amount Garnishable	Nothing	Nothing	Nothing	Nothing
Disposable Earnings	\$290 to \$386.67	\$580 to \$773.33	\$628.33 to \$837.78	\$1,256.66 to \$1,675.55
Amount Garnishable	Amount above \$290	Amount above \$580	Amount above \$628.33	Amount above \$1,256.66
Disposable Earnings	More than \$386.67	More than \$773.33	More than \$837.78	More than \$1,675.55
Amount Garnishable	25% of Amount	25% of Amount	25% of Amount	25% of Amount

* See front for definition of “Disposable Earnings.”

** Amounts for twice a month and monthly pay periods are based on an average of 4 1/3 weeks per month.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to garnishee.
2. Prepared by garnishee.
3. Attachments – check for garnished funds (if applicable).
4. Preparation details
 - a. The use of this form by the garnishee is optional. It is provided to assist garnishees to provide an answer to a garnishment summons.
 - b. Data Element No. 13 – if this answer is being completed by an authorized agent for the garnishee (such as an employee authorized by the corporation to file answers in garnishment cases), print or type both the name of the authorized agent and the title that the agent has been given.
 - c. Data Element Nos. 17-20 – use the information with the same labels on top of the garnishment summons in completing these data elements.

GARNISHEE'S ANSWER

Commonwealth of Virginia Va. Code § 8.01-511, -515

RETURN DATE **15**

CASE NO. **16**

TO THE GARNISHEE:

- 1. Do not make checks payable to the Court. Make checks for monies withheld on garnishments payable to the name of the judgment creditor (plaintiff) as shown to the right.
- 2. Use this form for your answer/response.
- 3. Please record the **Case Number and Return/Hearing Date** on all checks and answers to be submitted to the court.
- 4. Please mail checks or responses to the Court listed on the Garnishment Summons.

- 1 [] Enclosed is a check made payable to the within-named judgment creditor for which is the amount withheld from the judgment debtor.
- 2 [] The garnishee holds no money or other property of the judgment debtor.
- 3 [] The garnishee does not have sufficient information to reasonably identify the judgment debtor.
Explain:
- 4 [] The judgment debtor was not employed by the garnishee during the period from the service of the summons until the return date.
- 5 [] The judgment debtor's wages, salary, other compensation, or other debt due or property of the judgment debtor, is not specified in the Garnishment Summons.
- 6 [] The debtor's "disposable earnings" are less than the amount statutorily exempt from garnishment.
- 7 [] The garnishee is currently deducting the maximum amount for an existing summons:
DATED: RETURN DATE: FROM: COURT
- 8 [] The judgment debtor has filed a bankruptcy petition.
- 9 [] The judgment debtor account is: [] a solely owned account. [] a joint account held with of containing \$ funds.
- 10 [] The funds held by the garnishee include direct deposited federal benefits that are protected under federal law from garnishment. (Please specify the specific exemption, account balance, and protected amount, if applicable; attach as necessary.)

11

DATE

12

SIGNATURE

13

(PRINT OR TYPE) NAME AND TITLE OF PERSON SIGNING THIS ANSWER

TO THE GARNISHEE OF PROPERTY OTHER THAN WAGES, SALARIES, COMMISSIONS OR OTHER EARNINGS:

If the summons contains either the social security number or taxpayer identification number of the judgment debtor, or the name and address of the judgment debtor, as either appears in your records, the summons shall be deemed to contain information sufficient to enable you to reasonably identify the judgment debtor. If sufficient or accurate information to enable you to reasonably identify the judgment debtor is provided, you **shall** (i) answer to the court, (ii) state what your records show as the last known address for the judgment debtor, and any other information you deem relevant, and (iii) **send to the judgment debtor at the last known address** a copy of this Answer to the court. This information can be provided on the reverse of this form.

In compliance with § 8.01-511.1, provide last known address for the judgment debtor and any other information deemed relevant based on the garnishee's records:

14

GARNISHEE'S ANSWER

17

JUDGMENT CREDITOR

V.

18

JUDGMENT DEBTOR

19

GARNISHEE

COMPLETE AS LISTED ON GARNISHMENT SUMMONS:

20

GENERAL DISTRICT COURT NAME

21

COURT ADDRESS

22

COURT TELEPHONE NUMBER

ATTORNEY FOR GARNISHEE

23

Data Elements

1. Check the box and complete the line if funds were withheld and a payment check accompanies this answer. See "Using This Form," No. 3.
2. Check if applicable.
3. Check if applicable and give an explanation as to what information is lacking.
4. Check if applicable.
5. Check if applicable.
6. Check if applicable.
7. If unable to garnish funds for this garnishment because funds are being garnished due to another garnishment, check the box and include information regarding the other garnishment summons in the blanks.
8. Check if applicable.
9. Check whether judgment debtor's account is solely owner or jointly held. If held jointly, indicate the name and address of the person with whom the account is held and the amount of funds in that account.
10. Check if applicable. Specify the exemption, account balance, and protected amount and attach additional pages for explanation as necessary.
11. Date of signing of this answer.
12. Signature of person signing this answer.
13. Name of and title (if any) of person signing this answer.
14. If applicable, insert last known address and any other information in garnishee's records that garnishee deems relevant.
15. Return date on underlying garnishment summons.
16. Court case number.
17. Name of judgment creditor.
18. Name of judgment debtor.
19. Name of garnishee for whom this answer is being filed.
20. Name of court.
21. Address of court.
22. Telephone of court.
23. (If applicable) name and address of garnishee's attorney.

Using This Form

1. Copies

Original – filed with the court where the judgment was rendered.

2. Prepared by judgment creditor.

3. Attachments – none.

4. Preparation details:

This form can be used by a judgment creditor to note the satisfaction of a judgment. The form is completed by the judgment creditor and filed with the court.

This is not a mandatory form. The judgment creditor may file a notice of satisfaction in another format as long as it contains the required information.

NOTICE OF SATISFACTION

Commonwealth of Virginia VA. CODE §§ 8.01-506.2, 16.1-94.01

1 [] General District Court
[] Juvenile and Domestic Relations District Court

2 COURT ADDRESS

A judgment was rendered in favor of the judgment creditor for \$ 3

on 4 DATE in 5 Court.

The judgment creditor hereby notifies the court that this judgment has been paid in full or was otherwise satisfied on

6 DATE

7 DATE 8 [] JUDGMENT CREDITOR [] JUDGMENT CREDITOR'S ATTORNEY [] JUDGMENT CREDITOR'S AGENT

Acknowledged, subscribed and sworn to (or affirmed) before me this day

9 DATE 10 [] CLERK [] DEPUTY CLERK

Case No. 12
13 JUDGMENT CREDITOR'S NAME (LAST, FIRST, MIDDLE)
STREET ADDRESS
CITY, STATE, ZIP
TELEPHONE NUMBER
v.
14 JUDGMENT DEBTOR'S NAME (LAST, FIRST, MIDDLE)
STREET ADDRESS
CITY STATE, ZIP
TELEPHONE NUMBER
15 JUDGMENT CREDITOR'S ATTORNEY'S NAME
STREET ADDRESS
CITY, STATE, ZIP

FOR NOTARY PUBLIC'S USE ONLY: 11
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

1. Name of locality and check box for the appropriate court.
2. Court address.
3. Amount of judgment rendered.
4. Date on which the judgment was entered.
5. Court in which the judgment was entered.
6. Court in which judgment was paid in full or was otherwise satisfied.
7. Date signed by the judgment creditor, attorney or agent.
8. Signature of judgment creditor, attorney or agent.
9. Date signature acknowledged (not required).
10. Signature of person acknowledging signature (not required).
11. If acknowledged by a notary public, all enclosed fields must be completed (not required).
12. Court case number.
13. Judgment creditor's name, address and telephone number.
14. Judgment debtor's name, address and telephone number.
15. Judgment creditor's attorney's name and address.

Using This Form

1. Copies
 - a. Original - to court.
 - b. First copy - to judgment debtor.
 - c. Second copy - to judgment creditor.
2. Portions of this form are completed by the judgment debtor, clerk, judge and person serving the motion.
 - a. Data elements 6-13 and 18-21 should be completed by the judgment debtor or his representative.
 - b. Data elements 1-5 should be completed by the clerk.
 - c. Data elements 14-17 should be completed by the judge.
3. Attachments - none.
4. Preparation details - this form is to be used when a judgment debtor files a motion to have a judgment marked satisfied.

MOTION FOR JUDGMENT TO BE MARKED SATISFIED

Commonwealth of Virginia VA. CODE §§ 8.01-506.2, 16 1-94.01

1 [] General District Court
[] Juvenile and Domestic Relations District Court

2 ADDRESS OF COURT

NOTICE OF HEARING

You are hereby notified that on 3 a hearing will be held by this Court to consider a motion to mark the herein-described judgment satisfied.

4 DATE 5 CLERK

MOTION FOR JUDGMENT TO BE MARKED SATISFIED

I, 6 the judgment debtor(s) request that the judgment rendered in favor of the judgment creditor for \$ 7 in this court on 8 be marked satisfied.

9 [] Notice of the filing of this motion was provided to the [] judgment creditor, or his or her [] assignee [] personal representative, [] agent or [] attorney on 9 at least ten days prior to the filing of this motion.

The judgment debtor(s) also requests that the judgment creditor be ordered to pay \$ 10, costs and \$ 11 attorney's fees to the judgment debtor.

12 DATE 13 [] JUDGMENT DEBTOR [] HEIRS [] PERSONAL REPRESENTATIVE [] ATTORNEY

CASE DISPOSITION

[] The clerk is ordered to mark satisfied the judgment entered in the case referenced at right. [] Judgment creditor is further ordered to file releases or satisfactions of judgment in any other court in which an Abstract 14 of this judgment has been filed or docketed. [] Judgment debtor has not provided satisfactory proof of payment or satisfaction of the judgment and the motion is dismissed. [] Judgment creditor is ordered to pay judgment debtor \$ 15 costs and \$ 15 attorney's fees.

16 DATE 17 JUDGE

CASE NO. 18

19

JUDGMENT CREDITOR'S NAME (LAST, FIRST, MIDDLE)

STREET ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

v.

20

JUDGMENT DEBTOR'S NAME (LAST, FIRST, MIDDLE)

STREET ADDRESS

CITY, STATE, ZIP

21

PERSON TO BE SERVED

STREET ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

22

JUDGMENT DEBTOR'S ATTORNEY'S NAME

STREET ADDRESS

CITY, STATE, ZIP

Data Elements, Page One

1. Name of locality and check box for appropriate court.
2. Address of court.
3. Date and time of hearing on the motion.
4. Date of issuance of the motion.
5. Signature of clerk.
6. Name of judgment debtor filing motion.
7. Amount of judgment.
8. Date on which judgment was entered.
9. Check box that corresponds to the person who was notified of the filing of the motion and the date on which notification was given.
10. Amount of costs requested by the judgment debtor.
11. Amount of attorney fees requested by judgment debtor.
12. Date of filing.
13. Signature of person filing motion.
14. Check box(es) that correspond to the judge's ruling.
15. Amount of costs awarded and/or attorney fees, if any.
16. Date entered by judge.
17. Signature of judge.
18. Court case number.
19. Judgment creditor's name, address and telephone number.
20. Judgment debtor's name and address.
21. Name, address and telephone number of person to be served.
22. Judgment debtor's attorney's name and address.

RETURNS: Each person was served according to law, as indicated below, unless not found.

	NAME 1	
	ADDRESS 2	
	<input type="checkbox"/> PERSONAL SERVICE 3	Tel. No.
4	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 5	
	<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.)	
6	<input type="checkbox"/> NOT FOUND	..... 7
	SERVING OFFICER	
	..... 8	for 9
	DATE	

	NAME 1	
	ADDRESS 2	
	<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
4	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. 5	
	<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.)	
6	<input type="checkbox"/> NOT FOUND	..... 7
	SERVING OFFICER	
	..... 8	for 9
	DATE	

I certify that I mailed a copy of this document to the judgment creditor named therein at the address shown therein on	
..... 10	..... 11
DATE	<input type="checkbox"/> JUDGMENT DEBTOR <input type="checkbox"/> HEIRS <input type="checkbox"/> PERSONAL REPRESENTATIVE <input type="checkbox"/> JUDGMENT DEBTOR'S ATTORNEY

Data Elements, *Page Two*

Page Two is not completed on-line.

1. Name of person to be summoned.
2. Address and telephone number of person to be summoned.
3. Check this box if personal service obtained.
4. Serving officer to check the appropriate box to designate type of substitute service.
5. If served by leaving the subpoena with a family member age 16 or older check appropriate box and insert required information.
6. Check this box if unable to serve process.
7. Signature of serving officer.
8. Date of signature.
9. Name of sheriff if served by deputy sheriff.
10. Date that plaintiff mailed copy of pleading to defendant.
11. Signature of person mailing the pleading. Check appropriate box for title of person.

Using This Form

1. Copies
 - a. Original – to circuit court with case papers.
 - b. First copy – to surety. If more than one surety, prepare additional copies.
 - c. Second copy – to principal on bond.
 - d. Additional copies as dictated by local practice.
2. Prepared by appellant, and acknowledged by clerk (or deputy clerk), judge, or notary public.
3. Attachments
 - a. All papers in case that are being forwarded to circuit court.
4. Preparation Details
 - a. If additional information is typed on the reverse, carbon paper must be used.
 - b. Because of the different types of appeal bonds applicable in appeals of support cases from juvenile and domestic relations district court, it is important to identify the applicable type of bond. In the case of question, please refer to the appropriate portion of the juvenile and domestic relations district court section in the Text Volume.

CIVIL APPEAL BOND

Commonwealth of Virginia VA. CODE §§ 16.1-107, 16.1-108, 16.1-296

1

2

General District Court Circuit Court
 Juvenile and Domestic Relations District Court

CITY OR COUNTY

3 General District Court Civil Judgment and Order (Virginia Code §§ 16.1-107, 16.1-108)

4 Juvenile and Domestic Relations District Court (CHECK ONLY ONE PER FORM):

Support arrearage order or judgment (Virginia Code § 16.1-296)

5 Prospective support accrual during pendency of appeal (Virginia Code § 16.1-296)

The undersigned each hereby acknowledges him- or herself, his or hers heirs, and his or her assigns indebted jointly and severally to the Appellee in the sum of

\$ **6** by deposit in the form of, or that is secured by

BOND AMOUNT

- 7** cash
- bank check
- escrow check from appealing party's attorney
- surety bond or corporate surety (Virginia Code § 88.2-2405)

8

on behalf of Plaintiff Petitioner Complainant Defendant/Respondent

The undersigned each waives all benefits of the homestead exemption as to this obligation.

The condition of this obligation shall be that the undersigned abide by the judgment or order of the court on appeal, or if the appeal is not perfected, by the judgment or order of this court, that the undersigned pay all costs and damages which may be awarded against the party on whose behalf this bond is given in the court on appeal and if judgment was rendered in this court against the party on whose behalf this bond is given, including a judgment or order rendered against him on appeal and guarantee the payment of prospective support accruing during the pendency of the appeal if so ordered by the court in a civil contempt finding or criminal contempt conviction.

If the undersigned and the party on whose behalf this bond is given faithfully fulfill the condition above, this obligation is void; otherwise it is to remain in full force and effect until declared void by a court of competent jurisdiction.

9

SURETY'S NAME

10

APPELLANT'S PRINCIPAL'S SIGNATURE

11

SURETY'S ADDRESS

12

SURETY'S SIGNATURE

Acknowledged before me this date:

13

DATE

14

CLERK DEPUTY CLERK JUDGE

FOR NOTARY PUBLIC'S USE ONLY: 15

State of City County of

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

by

NOTARY REGISTRATION NUMBER

NOTARY PUBLIC

(My commission expires:)

CASE NO.

16

CIVIL APPEAL BOND

17

PLAINTIFF/PETITIONER/COMPLAINANT

18

ADDRESS

19

TELEPHONE NUMBER

V.

20

DEFENDANT/RESPONDENT

21

ADDRESS

22

TELEPHONE NUMBER

IF BOND GIVEN BY PRINCIPAL OTHER THAN PLAINTIFF OR DEFENDANT, GIVE NAME AND ADDRESS:

23

Data Elements

1. Jurisdiction name.
2. Check the type of court.
3. Check if appeal is from general district court.
4. Check if appeal is from juvenile and domestic relations district court.
5. Check which type of bond applies for appeal from juvenile and domestic relations district court judgment (check one only – prepare a separate bond form for each if both bonds ordered).
6. Amount of bond.
7. Check how bond deposited or secured.
8. Check to indicate on whose behalf bond was posted.
9. Name of surety.
10. Signature of appellant or principal.
11. Address of surety.
12. Signature of surety.
13. Date of acknowledgement.
14. Signature of person taking acknowledgement. Check the appropriate title box below the signature line.
15. If acknowledgment taken by notary public, all enclosed fields must be completed, including notary's registration number and commission expiration date.
16. Case number.
17. Name(s) of plaintiff(s).
18. Address(es) of plaintiff(s).
19. Telephone number(s) of plaintiff(s).
20. Name(s) of defendant(s).
21. Address(es) of defendants.
22. Telephone number(s) of defendant(s).
23. Name and address of principal on bond if not plaintiff or defendant.

Using This Form

1. Copies - (Contact the court to determine if you should bring copies to the Clerk's Office or if copies will be made upon filing.)
 - a. Original - to court.
 - b. First copy – to plaintiffs. If more than one plaintiff, one copy for each plaintiff.
 - c. Second copy - to surety. If more than one surety, one copy for each surety.
2. Prepared by plaintiff; acknowledged by clerk, magistrate or judge.
3. Attachments

DC-463, SUMMONS AND ORDER OF POSSESSION – LIEN OF MECHANIC FOR REPAIRS

4. Preparation details

This bond form is required before DC-463, SUMMONS AND ORDER OF POSSESSION – LIEN OF MECHANIC FOR REPAIRS can be issued to regain possession of the property prior to trial.

PLAINTIFF'S BOND- LIEN OF MECHANIC FOR REPAIRS

VA. CODE ANN. § 43-33

1 GENERAL DISTRICT COURT
CITY OR COUNTY

The Plaintiff(s) and his sureties undersigned each hereby acknowledges himself, his heirs, and his assigns indebted jointly and severally to this Court in the sum of

\$ 2 that is secured by [] Cash Deposit [] Surety Bond [] Other (explain on back)
BOND AMOUNT

an amount equal to the lien claimed by the mechanic and court costs.

The undersigned acknowledge that if this Court upon hearing enters judgment for the Defendant(s) that all or any part of the lien alleged by Defendant(s) be enforced in this case, then such judgment and court costs, if accused against the owner, will be entered against the undersigned on this bond without further proceedings.

The condition of this bond shall be that Plaintiff(s) abide by and perform the judgment of the Court in this case.

If Plaintiff(s) shall faithfully fulfill the condition given above, this obligation is to be void; otherwise it shall remain in full force and effect until declared void by a Court of competent jurisdiction.

4 (SEAL) 5 (SEAL)
SURETY PLAINTIFF

5 (SEAL)
PLAINTIFF

4 (SEAL) 5 (SEAL)
SURETY PLAINTIFF

Acknowledged, subscribed and sworn to before me this day.

6
DATE

7
[] CLERK [] JUDGE

FORM DC-462 MASTER 10/07

FILE NO. 8
PLAINTIFF'S BOND
LIEN OF MECHANIC FOR REPAIRS
BOND AMOUNT RECEIPT NO. (IF CASH DEPOSIT)
9 10
11
PLAINTIFF(S)
v.
12
DEFENDANT(S)
SURETY: Name(s), Address(es), and if corporate surety, name(s) of authorized agent(s):
13
COURT USE ONLY
DATE RECEIVED DATE DISBURSED/DISCHARGED
14 15

Data Elements

1. Jurisdiction Name.
2. Amount of Bond.
3. Check the type of security posted to secure the bond; use reverse side if necessary.
4. Signature of surety. If a corporate surety, have the authorized agent sign the corporation's name and also sign his name as authorized agent.
5. Signature of plaintiff(s).
6. Date of acknowledgement.
7. Signature of person taking acknowledgement. Check the appropriate title below the signature line.
8. Court file number.
9. Amount of bond – same as Data Element No. 2.
10. Court receipt number if cash deposit posted as security.
11. Name of plaintiff(s).
12. Name of defendant(s).
13. Names and addresses of surety and its agent.
14. Date on which the court received the bond.
15. Date that bond is released and security (including cash) is returned to its owner or the date that the bond was forfeited to be applied to the judgment in the case.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to defendant. If more than one defendant, prepare additional copies.
 - c. Second copy – to plaintiffs.
2. Entire form except Case Disposition and Execution prepared by judge or clerk. Case Disposition prepared by judge; execution prepared by serving officer.
3. Attachments
 - a. Form [DC-462, PLAINTIFF’S BOND – LIEN OF MECHANIC FOR REPAIRS](#).
4. Preparation details
 - a. This form may be used to handle mechanic’s lien suits triable in general district court. However, the plaintiff cannot get his property back before trial unless he posts a bond with the court (form DC-462, PLAINTIFF’S BOND-LIEN OF MECHANIC FOR REPAIRS).
 - b. In this type of action, the plaintiff is the customer trying to get his property while the defendant is the mechanic holding the property to be sure that he gets paid.
 - c. In lieu of a separate certificate of mailing, the plaintiff may complete Data Element Nos. 1, 2 and 3 on the back of the form if mailing to defendant occurs at or prior to filing of case.

SUMMONS – Lien of Mechanic for Repairs

VA. CODE ANN. § 43-33

1 General District Court
CITY OR COUNTY

2
STREET ADDRESS OF COURT

TO THE SHERIFF:

WHEREAS Plaintiff(s) made oath before the undersigned that Defendant(s) has retained possession of the following items of Plaintiff’s personal property:

3

on which property Defendant(s) claims a lien for alteration or repair in the sum of \$ 4 You are hereby commanded to summon Defendant(s) to appear before this Court on 5 to determine the proper amount of defendant’s claim against plaintiff.
DATE AND TIME

6 7
DATE ISSUED [] CLERK [] JUDGE

Order of Possession

WHEREAS Plaintiff(s) have given bond to this Court in the sum of \$ 8 , on 9 , conditioned upon Plaintiff’s abiding by DATE and performance of the judgment of the Court in this case, it is ordered that the items listed above be delivered to Plaintiff forthwith.

10 11
DATE ENTERED [] CLERK [] JUDGE

Case Disposition

Judgment that Defendant(s) recover of Plaintiff(s) and/or Plaintiff’s Surety (ies) the sum of \$ 12 , with legal interest: 13
RATE(S) AND BEGINNING DATE(S) and \$ 14 costs.

Defendant(s) Present? [] Yes [] No 15

16 17
DATE ENTERED JUDGE

CASE NO. 18 19
PLAINTIFF(S) – OWNERS

20
v. DEFENDANT(S) – MECHANIC(S)

.....

**Summons and Order of Possession
Lien of Mechanic for Repairs**

RECEIPT NO. <u>21</u>	DATE FEE RECEIVED <u>22</u>
-----------------------	-----------------------------

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice on the back side. To dispute this claim, you should appear on the return date:

23 [] to try this case.
[] for the judge to set another date for trial.

Summons Executed this day be delivering a true copy of this summons to Defendant(s), and, where an Order of Possession was entered within, by causing the items to be delivered to Plaintiff(s).

24

25
DATE

26 DEPUTY SHERIFF

for 27 SHERIFF

**HEARING DATE
AND TIME**

28

Data Elements, page one

- | | |
|---|--|
| <ol style="list-style-type: none">1. Jurisdiction name.2. Street address of court.3. Description of personal property.4. Amount claimed by mechanic for repairs.5. Date and time of hearing.6. Date of issuance.7. Signature of issuing officer. Check the appropriate box.8. Amount of bond.9. Date on which bond was posted with the court.10. Date of entry of order.11. Signature of persons ordering release of the property. Check the appropriate title box below the signature line.12. Principal amount of judgment.13. Rates of interest and starting date for each rate of interest.14. Court costs.15. Check the appropriate box.16. Date of entry of order.17. Signature of judge.18. Court case number | <ol style="list-style-type: none">19. Name(s) and address(es) of plaintiff(s).20. Name(s) and address(es) of defendant(s).21. Court receipt number.22. Date on which clerk received fees.23. Check box for method used to set contested cases.24. Name(s) of defendant(s) served with process.25. Date process was served.26. Signature of deputy sheriff if served by deputy sheriff.27. Signature of sheriff (print or type if served by deputy sheriff).28. Hearing date and time. Additional space is allotted for inclusion of subsequent dates. |
|---|--|

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the top right corner, (c) Plaintiff(s)' name(s) and Defendant(s); name(s), (d) "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If mailed to court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on 1 2
Fi. Fa. issued on
Interrogatories issued on
Garnishments issued on
.....

Data Elements, *page two*

1. Date that plaintiff mailed copy of this summons to defendant.
2. Signature of person mailing the pleading.

Using This Form

1. Copies
 - a. Original--to plaintiff for delivery to other court for docketing judgment.
 - b. Copies as determined by local practice.
2. Prepared by clerk or judge.
3. Attachments--none.
4. Preparation details.
 - a. Juvenile and domestic relations district courts should complete Data Element No. 13 when applicable.
 - b. Last four digits of Social Security number and date of birth of all defendants should be included if available from the case papers.

ABSTRACT OF JUDGMENT

Case No. 1

Commonwealth of Virginia VA. CODE § 8.01-449

2 DISTRICT COURT NAME AND ADDRESS

3 FULL NAME OF PLAINTIFF (LAST, FIRST, MIDDLE) v. 4 FULL NAME OF DEFENDANT (LAST, FIRST, MIDDLE)

ADDRESS ADDRESS

CITY STATE ZIP CITY STATE ZIP

DATE OF BIRTH 3 SSN DATE OF BIRTH 4 SSN (LAST FOUR DIGITS ONLY)

FULL NAME OF PLAINTIFF(S) FULL NAME OF DEFENDANT(S)

ADDRESS ADDRESS

CITY STATE ZIP CITY STATE ZIP

DATE OF BIRTH SSN DATE OF BIRTH SSN (LAST FOUR DIGITS ONLY)

This is to certify that a judgment was rendered in this court in favor of:

- 5 [] PLAINTIFF(S) against DEFENDANT(S)
[] DEFENDANT(S) against PLAINTIFF(S)
[]

v

Table with 6 rows: DATE OF JUDGMENT 6; \$ 7 AMOUNT OF JUDGMENT; \$ 8 AMOUNT OF JUDGMENT NOT SUBJECT TO ACCRUAL OF INTEREST; HOMESTEAD EXEMPTION WAIVED [] YES [] NO [] CANNOT BE DEMANDED 9; \$ 10 ALTERNATE VALUE OF SPECIFIC PROPERTY AWARDED; INTEREST RATE(S) AND BEGINNING DATE(S) 11; COSTS 12 ATTORNEY'S FEES 13 ATTORNEY 14

OTHER: 15

I certify the above to be a true abstract of a judgment rendered in this court.

16 DATE 17 [] CLERK [] JUDGE

Data Elements

1. Case number of issuing court.
2. Name and address of district court that entered the judgment.
3. Name(s) and address(es) of plaintiff(s). Add the last four digits of social security number and date of birth if abstract relates to judgment on a counterclaim.
4. Name(s), address(es), last four digits of social security numbers and date(s) of birth of defendant(s).
5. Check the appropriate box. If judgment was entered in favor of or against third party, enter name of party winning a judgment in the first part of the line before "v." and then name of the losing party in the second part of the line after "v."
6. Date of entry of judgment.
7. Principal amount of judgment.
8. Amount of judgment not subject to interest.
9. Check the appropriate box.
10. In detinue actions, list the alternate value set forth in judgment.
11. Interest rate and date from which interest runs. If different rates were in effect at different times, state the periods during which each rate was in effect next to the rate of interest.
12. Court costs.
13. Attorney's fees awarded by court.
14. Attorney for prevailing party.
15. Describe other applicable portions of judgment, especially relating to title or possession of property (detinue, attachment, etc.).
16. Date of certification.
17. Signature of certifying official. Check the appropriate box below the signature line.

Using This Form

1. Copies
 - a. Original – to court after execution by sheriff (or by special process server for intangibles only).
 - b. First copy – to defendant.
 - c. Second copy – to plaintiff.
 - d. Additional copies as determined by local practice.
2. Page one prepared by clerk and judge. Page two prepared by sheriff.
3. Attachments
 - a. Itemized list of any post-judgment payments and date of payment for purposes of calculating interest on unpaid judgment principle.
 - b. District court form DC-465, ABSTRACT OF JUDGMENT.
4. Preparation Details
 - a. This list of itemized credits should be a copy of the same list attached to form DC-465, ABSTRACT OF JUDGMENT.
 - b. This form should not be used with DC-440, SUMMONS TO ANSWER INTERROGATORIES which contains a writ of fieri facias section. This form should not be used with district court form DC-451, GARNISHMENT SUMMONS that contains a writ of fieri facias section unless the judgment creditor indicates that he intends to levy, seize and sell property pursuant to the writ of fieri facias.
 - c. The sheriff must serve a copy of the writ on the defendant and make return of such service to the court.
 - d. In Data Elements Nos. 22 and 23 include only the parties to whom or against whom the judgment was entered.

WRIT OF FIERI FACIAS

Commonwealth of Virginia Va. Code §§ 8.01-466, 474, 499, 500, 501; 16.1-98-99

..... **1** General District Court
CITY OR COUNTY

TO ANY AUTHORIZED OFFICER:

Judgment Principal \$ **2**
Credits \$ **3**
4 % interest from **4**
Costs \$ **5**
Attorney's Fees \$ **6**

7 You are hereby commanded to levy on the goods, chattels, money and bank notes of the Judgment Debtor(s) and to make from that tangible personal property the principal, interest, costs and attorney's fees, together with such other fees, commissions and other lawful charges incurred in executing this writ, less credits (itemized on the attached list), as shown above.

8 No levy requested.

You are further commanded to make your return hereupon to the Clerk's Office within 90 days of this date, and, if money is recovered under this execution, to notify the person entitled to receive such money if such person is known, as required by law.

Homestead Exemption waived? yes no cannot be demanded

..... **10** **11**
DATE ISSUED [] CLERK [] JUDGE

RETURNS: Each Judgment Debtor was served according to law, as indicated below, unless not found, with a copy of both this writ and the § 8.01-546.1 form.

NAME **12**
ADDRESS **13**

NAME
ADDRESS

14 PERSONAL SERVICE Tel. No. **13**

[] PERSONAL SERVICE Tel. No.

Being unable to make personal service, a copy was delivered in the following manner:
 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.
..... **16**
 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.)
 Served on Secretary of the Commonwealth.

Being unable to make personal service, a copy was delivered in the following manner:
 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.
.....
 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.)
 Served on Secretary of the Commonwealth.

17 Not found

[] Not found

..... **19**
DATE for **20**
SERVING OFFICER

.....
DATE for
SERVING OFFICER

CASE NO. **21**

WRIT OF FIERI FACIAS

..... **22**
PLAINTIFF(S)

v.
..... **23**
DEFENDANT(S)

24 Plaintiff(s) are Judgment: [] Creditor(s) [] Debtor(s)
Defendant(s) are Judgment: [] Creditor(s) [] Debtor(s)

CAME TO HAND
..... **25**
DATE AND TIME
..... **26** , SHERIFF

Money received by Sheriff

FEES RECEIVED
..... **27**

RECEIPT NUMBER
..... **28**

Data Elements, page one

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Jurisdiction name. 2. Judgment principal. 3. Total amount of credits paid on judgment. 4. Interest rate and date from which interest runs. If different times, state the periods during which each rate was in effect next to the rate of interest. 5. Costs awarded by the court. 6. Attorney's fees awarded by the court. 7. Check this box if a levy is requested. 8. Check this box if a levy is not requested. 9. Check the appropriate box. 10. Date of issuance. 11. Signature of issuing official. Check the appropriate box below the signature line. 12. Name of person to be summoned. If person is a corporation's registered agent, show name of corporation on second line. 13. Address and telephone number of person to be summoned. 14. Check this box if personal service obtained. 15. Serving officer or special process server to check the appropriate box | <p>to designate type of substitute service.</p> <ol style="list-style-type: none"> 16. If served by leaving the subpoena with a family member over age 16, check appropriate box and insert required information. 17. Check this box if unable to serve process. 18. Signature of serving officer or special process server. 19. Date of signature. 20. Name of sheriff if served by deputy sheriff. 21. Court case number. 22. Name(s) and address(es) of plaintiff. See Using This Form, 4d. 23. Name(s) and address(es) of defendant. See Using This Form, 4d. 24. Check the appropriate box to show post-judgment status of the parties. 25. Date and time received by sheriff's office. 26. Signature of sheriff. 27. Amount of fees received. 28. Number(s) of sheriff's receipts. |
|---|---|

SHERIFF'S RETURN

PROPERTY LEVIED UPON

AMOUNT REALIZED

1.		\$	
2.	1	\$	2
3.		\$	
4.		\$	
5.		\$	
6.		\$	
7.		\$	
8.		\$	
9.		\$	
10.		\$	
11.		\$	
12.		\$	
13.		\$	
14.		\$	
15.		\$	
16.		\$	
17.		\$	
18.		\$	
19.		\$	
20.		\$	
21.		\$	
22.		\$	

DATE OF LEVY..... **3**

TOTAL AMOUNT REALIZED \$..... **4**

FEEES, COMMISSIONS, OTHER LAWFUL CHARGES:

5 \$..... **6**

..... \$.....

..... \$.....

..... \$.....

..... \$.....

..... \$.....

..... \$.....

7 [] NO EFFECTS FOUND

8

DATE

9

SHERIFF

By

10

DEPUTY SHERIFF

Data Elements, *page two*

1. Description of property levied upon.
2. Amount realized when item sold at sheriff's sale.
3. Date on which property was levied.
4. Total gross amount realized at sale.
5. Description of each fee, commission or other lawful charge deducted from total amount.
6. Amount of each fee, commission or other lawful charge.
7. Check this box if no property was levied upon.
8. Date of execution of return.
9. Signature of sheriff (print or type if return made by deputy sheriff).
10. Signature of deputy sheriff if return made by deputy sheriff.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to defendant.
 - c. Second copy – to plaintiff.
 - d. Additional copies as determined by local practice.
2. Page one prepared by clerk or judge; page two prepared by sheriff.
3. Attachments
4. Preparation Details
 - a. The sheriff must serve a copy on the defendant and make return of such service to the court.

WRITS OF POSSESSION AND FIERI FACIAS IN DETINUE

Commonwealth of Virginia

VA. CODE §§ 8.01-470, 8.01-472

RETURN DATE **14**

CASE NO. **15**

WRITS OF POSSESSION AND FIERI FACIAS IN DETINUE

..... **1** Court

..... **2**
ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth to cause the Plaintiff(s) to have possession of the following items

ITEM	ALTERNATE VALUE	ITEM	ALTERNATE VALUE
1. 3	4	6.	
2.		7.	
3.		8.	
4.		9.	
5.		10	
\$ 5 TOTAL ALTERNATE VALUE			[] Continued on attached sheet

..... **16**
PLAINTIFF(S)

v.
..... **17**
DEFENDANT(S)

or, for such of these items which may not be had, their alternate value, and to cause to be made of the goods, chattels, and current money of Defendant(s)

\$ **6** damages, \$ **7** costs, and \$ **8** attorney's fees
DAMAGES COSTS ATTY. FEE

..... **9**
INTEREST RATE AND DATE FROM WHICH INTEREST ACCRUES

which were adjudged for Plaintiff(s) against Defendant(s) before this Court, subject to

\$ **10** total credits, as itemized on the attached list.

You are further commanded to make a return before me within 90 days of this date as to the day and manner of executing this writ.

Homestead Exemption waived? [] Yes [] No [] Cannot Be Demanded

..... **12**
DATE ISSUED

..... **13**
[] CLERK [] JUDGE

CAME TO HAND
..... **18**
DATE AND TIME
..... **19** , SHERIFF

Money Received by Sheriff	
FEES RECEIVED	RECEIPT NUMBERS
20	21

Data Elements, page one

1. Jurisdiction name.
2. Address of court.
3. Description of item from form DC-414, WARRANT IN DETINUE. If more space is needed, check the appropriate box and prepare the additional information on plain white paper and attach to this warrant.
4. Alternative value from form DC-414, WARRANT IN DETINUE.
5. Total of alternative values of each item listed.
6. Damage awarded by court for unjust detention.
7. Costs awarded by the court.
8. Attorney's fees awarded by the court.
9. If interest runs on damages, add rate of interest and date from which interest runs.
10. Total amount credited against judgment.
11. Check the appropriate box.
12. Date of issuance of writ.
13. Signature of issuing officer. Check the appropriate title box below the signature line.
14. Return date on this writ.
15. Court case number.
16. Name of plaintiff.
17. Name and addresses of defendants.
18. Date and time received by sheriff's office.
19. Signature of sheriff.
20. Fees received by sheriff.
21. Numbers of receipts issued by sheriff.

PROPERTY DELIVERED TO THE PLAINTIFF

AMOUNT REALIZED

1.		\$
2.	1	\$ 2
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$

SHERIFF'S RETURN

3

DATE

4

SHERIFF

5

DEPUTY CLERK

by

RETURNS: Each defendant was served according to law, as indicated below, unless not found, with a copy of this form with these writs and the § 8.01-546.1 form.

NAME: **6**

ADDRESS: **7**

8 PERSONAL SERVICE Tel. No. **7**

9 Being unable to make personal service, a copy was delivered in the following manner:

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.

..... **10**

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.)

Served on Secretary of the Commonwealth.

11 Not found **12**

SERVING OFFICER

..... **13** for **14**

DATE

NAME:

ADDRESS:

PERSONAL SERVICE Tel. No.

Being unable to make personal service, a copy was delivered in the following manner:

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.

.....

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.)

Served on Secretary of the Commonwealth.

Not found
SERVING OFFICER

..... for

DATE

Data Elements, page two

1. Description of property delivered.
2. Amount of alternative value as if property were sold.
3. Date of taking possession of property.
4. Signature of sheriff (print or type name if executed by deputy sheriff).
5. Signature of deputy sheriff if executed by deputy sheriff.
6. Name of person to be summoned. If person is corporation's registered agent, show name of corporation on second line.
7. Address and telephone number of person to be summoned.
8. Check this box if personal service obtained.
9. Serving officer to check the appropriate box to designate type of substitute service.
10. If served by leaving the subpoena with a family member over age 16, check appropriate box and insert required information.
11. Check this box if unable to serve process.
12. Signature of serving officer.
13. Date of signature.
14. Name of sheriff if served by deputy sheriff.

Using This Form

1. Copies
 - a. Original – to court after execution by sheriff.
 - b. First copy – to defendant.
 - c. Additional copies as dictated by local practice.
2. Data Element Nos. 1-6 and 11-12 prepared by the plaintiff. Data Element Nos. 7-10 prepared by clerk or judge. Data Element Nos. 13-17 are prepared by the deputy sheriff or sheriff who executes the writ.
3. Attachments – Itemized list of credits and dates of payment for purpose of calculating the total interest due.
4. Preparation details – Use district court form DC-467, WRIT OF FIERI FACIAS, to recover the rent, damages, profit and costs. See Va. Code §§ 8.01-470 and 8.01-472.

REQUEST FOR WRIT OF POSSESSION IN UNLAWFUL DETAINER PROCEEDINGS

Commonwealth of Virginia Va. Code § 8.01-471

..... **1** General District Court
CITY OR COUNTY Circuit Court

TO THE COURT:

I/we, the plaintiff(s) in this proceeding, request that this court issue a writ of possession against the defendants with regard to the following premises: **2**

.....
.....

This request is made upon a judgment for possession dated: **3**

4 As this case falls under the Virginia Residential Landlord and Tenant Act (§ 55.28.2 *et seq*), I/we represent that, following the entry of the judgment for possession, the landlord has not accepted rent payments without reservation, as described in Virginia Code § 55-248.34:1.

..... **5**
DATE [] PLAINTIFF [] PLAINTIFF'S ATTORNEY [] PLAINTIFF'S AGENT

WRIT OF POSSESSION

Va. Code §§ 8.01-470, 8.01-472

TO ANY AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth to cause the Plaintiff(s) to have possession of the following premises from the defendant(s): **7**

.....
.....

You are further commanded to make a return before me within 30 days of this date as to the day and manner of executing this writ.

..... **8**
DATE [] CLERK [] JUDGE

CASE NO. **10**

..... **11**
PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)
.....
.....
.....
.....
.....
.....
v.
..... **12**
DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)
.....
.....
.....

CAME TO HAND
..... **13**
DATE AND TIME

..... **14**, SHERIFF

EXECUTED by taking into possession the within-named premises and delivering possession of it to the plaintiff(s).
..... **15**
DATE
..... **16**, SHERIFF
by **17**
DEPUTY SHERIFF

Data Elements

1. Jurisdiction name and check appropriate box for court.
2. Description of judgment of possession.
3. Date of judgment of possession.
4. Check box if case may fall under Virginia Residential Landlord and Tenant Act.
5. Date plaintiff, plaintiff's attorney, or plaintiff's agent signed request.
6. Signature of plaintiff, plaintiff's attorney, or plaintiff's agent.
7. Description of premises whose possession is to be recovered.
8. Date of issuance of writ.
9. Signature of issuing official. Check the appropriate title box below the signature line.
10. Court case number.
11. Names of plaintiffs.
12. Names of defendants.
13. Date and time of receipt by sheriff's office.
14. Signature of sheriff.
15. Date on which writ was executed.
16. Signature of sheriff (type or print if executed by deputy sheriff).
17. Signature of deputy sheriff if served by deputy sheriff.

FORTHCOMING BOND

Using This Revisable PDF Form

1. Copies (Contact the court to determine if you should bring copies to the clerk's office or whether copies will be made upon filing.)
 - a. Original -- to court.
 - b. First copy -- to surety. If more than one surety, provide one copy for each surety.
 - c. Second copy -- to judgment debtor (principal on bond).
2. Prepared by judgment debtor; acknowledged by clerk or notary public.
3. Attachments – none.
4. Preparation details

There are no statutory provisions requiring the acceptance of real estate to secure bonds given in civil cases. The court should be consulted concerning the acceptance of realty as security on a civil bond and, if so, under what conditions.

FORTHCOMING BOND

VA. CODE ANN. § 8.01 – 526

1 General District Court
CITY OR COUNTY

The undersigned Judgment Debtor hereby acknowledges service on him of a
[] Writ of Fieri Facias [OR] [] Distress Warrant issued in this case. **2**

The undersigned each hereby acknowledges himself, his heirs, and assigns indebted jointly and severally to the Judgment Creditor for the amount due, officer's fee, and other lawful charges in the sum of

3 \$ that is secured by [] **CASH DEPOSIT** [OR] [] **SURETY BOND** [OR] [] **REAL PROPERTY** [OR] [] **OTHER** - EXPLAIN ON REVERSE **4**
(and if secured by real property, the undersigned, having demonstrated the nature of their interest in the property to the officer taking this bond, also make oath that the equity of the undersigned in the property equals or exceeds the amount of this bond.) The undersigned each waives all benefit of homestead exemptions as to this debt.

The condition of this debt shall be that the **JUDGMENT DEBTOR** have forthcoming on
5 before the officer taking this bond the following property:
DATE AND TIME OF JUDICIAL SALE

6 [] CONTINUED ON BACK

which was levied upon by that officer to satisfy the Writ of Fieri Facias or the Distress Warrant served on the **JUDGMENT DEBTOR**. The property is to be forthcoming in substantially the same condition as existed at the time of the levy, and the undersigned assume all risk of damage or loss. If this condition be faithfully fulfilled, this debt is to be void; otherwise this debt shall remain in full force and effect until declared void or released by a court of competent jurisdiction.

7 (SEAL) **8** (SEAL)
SURETY JUDGMENT DEBTOR
..... (SEAL)
PLAINTIFF

Subscribed and sworn to before me this day.
9 DATE [**10**] NOTARY PUBLIC: (MY COMMISSION EXPIRES:)

SALE DATE	FILE NO.
11	12
FORTHCOMING BOND	
BOND AMOUNT	RECEIPT NO. (IF CASH DEPOSIT)
13	14
PLAINTIFF(S)	
v.	
DEFENDANT(S)	
The JUDGMENT DEBTOR is:	
[] DEFENDANT(S) [] PLAINTIFF(S)	
The JUDGMENT CREDITOR is:	
[] DEFENDANT(S) [] PLAINTIFF(S)	
ADDRESS of property offered as security:	
18	
SURETY: Name(s), address(es):	
19	
20	21
DATE RECEIVED	COURT USE ONLY
↓	DATE DISBURSED/DISCHARGED

FORTHCOMING BOND

Data Elements

1. Court name.
2. Check the type of process served on judgment debtor.
3. Amount of bond posted.
4. Check the type of security posted to secure this bond; use reverse side if necessary.
5. Date of scheduled judicial sale.
6. Description of property sought to be levied by the process described in Data Element No. 2 and of which the judgment debtor will retain possession upon the posting of the bond.
7. Signature of surety. If a corporate surety, have the authorized agent sign the corporate name and also sign as the authorized agent of the corporation.
8. Signature of judgment debtor seeking to retain possession by posting the bond.

To be completed by person taking acknowledgement:

9. Date of acknowledgement.
10. Signature of person taking acknowledgment.

11. Sale date – same as Data Element No. 5.
12. Court file number, if known.

To be completed by the clerk:

13. Amount of bond – same as Data Element No. 3.
14. Court receipt number if cash deposit posted with the court to secure the bond.

15. Name(s) of plaintiff(s).
16. Name(s) of defendant(s).
17. Check the appropriate boxes to show the post-judgment status of the parties in this suit.
18. If real estate is posted as security, include address of property.
19. Names and addresses of surety and its authorized agent.

For court use only:

20. Date of receipt of completed bond.
21. Date that bond is released and security (including cash) is returned to its owner or the date that the bond is forfeited.

Form DC-472 PETITION FOR REINSTATEMENT OF Form DC-472
DRIVING PRIVILEGES –FAILURE TO SATISFY JUDGMENT

Using This Form

1. Copies
 - a. Original - to court.
 - c. Copy - to petitioner.
2. Prepared by petitioner.
3. Possible Attachments
 - a. Judgment of the court in the underlying case that resulted in the suspension of the petitioner's driver's license.
 - b. Abstract of records of Department of Motor Vehicles reflecting the judgment of this court.
 - c. Items to demonstrate the efforts made to locate and pay the plaintiff in the underlying case.
 - d. A court receipt for the amount paid into the court.
4. Preparation details - none

PETITION FOR REINSTATEMENT OF DRIVING PRIVILEGES – FAILURE TO SATISFY JUDGMENT

Virginia Code § 46.2-427

Case No. **1**

(Underlying Case No., if applicable) **2**

Hearing Date **3**

..... **4** General District Court
 Circuit Court

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT		WGT	EYES	HAIR
		MO	DAY	YR	FT	IN			
D L #		7						STATE	

..... **5**
 PETITIONER

..... **6**
 STREET ADDRESS

.....
 CITY STATE ZIP CODE

To the judge of the above-identified court:

My driving privileges, registration certificate and license plates have been suspended as a result of an unsatisfied judgment in an action for damages in a motor vehicle for the amount of

\$ **8** entered by this court on **9**
DATE

on behalf of **10**
JUDGMENT CREDITOR

I now petition this court for reinstatement of my driving privileges, registration certificate and license plates and, in support of this petition, I state the following:

1. I have attached a copy of
 - 11** the judgment of this court
 - an abstract of the records of the Department of Motor Vehicles reflecting the judgment of this court.
2. After an examination of the records of the Department of Motor Vehicles and this court and after the exercise of due diligence
 - 12** I have been unable to locate the judgment creditor
 - the judgment creditor being dead, I have been unable to identify and locate his heirs or assigns.

Form DC-472 PETITION FOR REINSTATEMENT OF Form DC-472
DRIVING PRIVILEGES –FAILURE TO SATISFY JUDGMENT

Data Elements, Page One

1. Case number.
2. Case number of the case in which the unpaid judgment was entered.
3. Hearing date.
4. Court name. Check the box for the type of court.
5. Name of Petitioner.
6. Address of Petitioner.
7. Identifying information as contained in the petitioner's Department of Motor Vehicles record.
8. Amount of original judgment.
9. Date that judgment was entered.
10. Name of judgment creditor in the underlying case.
11. Check applicable box to indicate what evidence of the original judgment is being provided to the court. Attach the copy of the original judgment or the abstract of DMV records to the Petition.
12. Indicate why the petitioner has been unable to pay the judgment to the judgment creditor.

1 [] the following items are attached to document my due diligence:

1

.....

.....

3. I have paid into this court the sum of \$ **2**, reflecting a judgment of \$ **3**, interest in the amount of \$ **4** and court costs of \$ **5** Proof of this payment is attached.

Should the court grant this petition, I understand that reinstatement of my driving privileges, registration certificate and license plates by the Department of Motor Vehicles will only occur after I give proof to the Department of my financial responsibility in the future and satisfy the other reinstatement requirements of the Department.

6

.....

DATE

7

SIGNATURE OF PETITIONER

Form DC-472 PETITION FOR REINSTATEMENT OF Form DC-472
DRIVING PRIVILEGES –FAILURE TO SATISFY JUDGMENT

Data Elements, Page Two

1. Check this box and indicate what documents are being provided to the court to demonstrate that the petitioner has exercised due diligence to locate and pay the judgment to the judgment creditor.
2. The total amount that has been paid into the court or will be paid into the court at the time this petition is filed. Proof of this payment must be provided with the petition to the court.
3. Amount of the original judgment.
4. Amount of interest.
5. Amount of court costs.
6. Date of signing.
7. Signature of petitioner.

Form DC-473 ORDER FOR REINSTATEMENT OF Form DC-473
DRIVING PRIVILEGES – FAILURE TO SATISFY JUDGMENT

Using This Form

1. Copies
 - a. Original - to court.
 - c. Copy - to petitioner.
2. Prepared by clerk or judge and signed by judge
3. Attachments

None
4. Preparation details - none

ORDER FOR REINSTATEMENT OF DRIVING PRIVILEGES – FAILURE TO SATISFY JUDGMENT

Virginia Code § 46.2-427

Case No. **1**

..... **2**

General District Court

Circuit Court

..... **3**
PETITIONER

..... **4**
STREET ADDRESS

.....
CITY STATE ZIP CODE

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT		WGT	EYES	HAIR
		MO	DAY	YR	FT	IN			

D L # **5** STATE

The Petitioner has come before this court seeking reinstatement of his driving privileges, registration certificate and license plates, which have been suspended for petitioner's failure to satisfy a judgment in an action for damages entered by this court on **6** on behalf of **7**
DATE JUDGMENT CREDITOR

8 The petitioner has proven by a preponderance of the evidence that (i) he has been unable to locate, after exercise of due diligence, the judgment creditor or, if applicable, his heirs and assigns, and (ii) he has paid into the court the sum of \$..... **9**, reflecting a judgment of \$ **10**, interest in the amount of \$..... **11**, and court costs of \$ **12**

Therefore, it is ordered that Petitioner's driving privileges, registration, certificate and license plates be reinstated, provided Petitioner has given proof to the Department of Motor Vehicles of his financial responsibility in the future and has satisfied all other applicable reinstatement requirements of the Department.

13 The petitioner has failed to prove by a preponderance of the evidence that he is entitled to the relief sought. This petition is hereby denied.

Entered this day:

..... **14**
DATE

..... **15**
SIGNATURE OF JUDGE

..... **16**
NAME OF JUDGE

Form DC-473 ORDER FOR REINSTATEMENT OF Form DC-473
DRIVING PRIVILEGES – FAILURE TO SATISFY JUDGMENT

Data Elements

1. Case number.
2. Court name. Check the box for the type of court.
3. Name of Petitioner.
4. Address of Petitioner.
5. Identifying information as contained in the petitioner's Department of Motor Vehicles record.
6. Date judgment in underlying case was entered.
7. Name of judgment creditor in the underlying case.
8. Check this box if the petition is granted.
9. Amount owed on judgment.
10. Amount of original judgment.
11. Amount of interest.
12. Amount of court costs.
13. Check this box if the petition is denied.
14. Date of signing.
15. Signature of judge
16. Printed name of judge.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to appellant.
2. Prepared by clerk, signed by appellant.
3. Attachment – case papers for case being appealed.
4. Preparation details – setting trial date in circuit court on appeal cases.
 - a. Complete Data Elements Nos. 4, 5, and 6 if circuit court has pre-set trial date for district court cases (first check box in Data Element 4) or pre-set docket call date on which district court cases will be called for setting the trial date (second check box in Data Element No. 4).
 - b. Check Data Element No. 7 if some other method is used to set trial dates for district court cases.

NOTICE OF APPEAL – CIVIL

Commonwealth of Virginia VA. CODE §§ 16.1-106, 16.1-106.1, 16.1-107, 16.1-113, 16.1-298

..... **1** **3** General District Court
CITY OR COUNTY Juvenile and Domestic Relations District Court

..... **2**
DATE OF FINAL ORDER

I, the undersigned, note my appeal of the judgment of this court to the circuit court of this city or county.

My appeal is scheduled to be called for trial setting of trial date on

..... **5** in the circuit court, which is located at
DATE AND TIME OF APPEARANCE

..... **6**
STREET ADDRESS OF CIRCUIT COURT TELEPHONE NUMBER

7 I understand that I must contact the circuit court clerk’s office for instructions for setting the trial date.
I understand that within 30 days, or 10 within days in an unlawful detainer case (except within 30 days in an unlawful detainer case against an indigent former owner based upon a foreclosure), of the entry of judgment, I must deliver to the Clerk of this Court:

- 1. \$ **8** for circuit court writ tax, costs, and fees for service of process, if applicable.
and
- 2. (a) \$ **9** appeal bond with sufficient surety approved by the Judge or Clerk of this Court, cash deposit, bank check, or by draft from the escrow account of my attorney. The appeal bond must be written to indemnify the party in whose favor a judgment was rendered in this Court in the event that such party is awarded a judgment on appeal in circuit court.
or
- (b) A written irrevocable confirmation of liability insurance coverage in an amount sufficient to satisfy the judgment from my insurer.
or
- (c) An order by the court finding that I am indigent for the purpose of appeal pursuant to Virginia Code § 16.1-107.

I also understand that I must pay the writ tax and costs if applicable and post the appeal bond within appropriate time period of the entry of judgment for the appeal in my case to be complete (“perfected”), and that my failure to do so within the appropriate time period will result in the loss of my appeal rights. I further understand that the order or judgment which I am appealing remains in full force and effect if it involves a protective order, continuing programs pursuant to Virginia Code § 16.1-289.1 or other proceedings specified by law, until changed or annulled by the circuit court.

..... **10**
DATE APPEAL NOTED

..... **11**
APPELLANT: PLAINTIFF/PETITIONER DEFENDANT/RESPONDENT

by **12**
ATTORNEY FOR APPELLANT

NOTICE: Promptly communicate with the clerk of the circuit court of this jurisdiction concerning the subpoenaing of witnesses and, in an appeal of a final civil judgment, any need for interpreters, and if you wish to request a jury trial. Failure to appear in the circuit court at the designated date and time may result in the dismissal of your appeal.

WITHDRAWAL OF APPEAL: If this appeal is withdrawn within ten (10) days after entry of the judgment or order when no appeal bond or costs are required to perfect the appeal, or before being “perfected” by posting required appeal bond or paying required costs, no additional costs will be taxed against you. After ten (10) days or after the appeal is “perfected” by posting the required appeal bond or paying required costs, in accordance with § 16.1-106.1, any withdrawal of the appeal must occur in Circuit Court. Upon withdrawal of the appeal in Circuit Court, additional costs will be incurred and any cash bond posted to perfect the appeal may be disbursed.

CASE NO. 13
NOTICE OF APPEAL
..... 14 PLAINTIFF/PETITIONER NAME (LAST, FIRST, MIDDLE)
.....
v.
..... 15 DEFENDANT/RESPONDENT NAME (LAST, FIRST, MIDDLE)
.....
JUDGMENT DATE: 16
PLAINTIFF’S/PETITIONER’S ATTORNEY <input type="checkbox"/> Same as on Attached
..... 17
DEFENDANT’S/RESPONDENT’S ATTORNEY <input type="checkbox"/> Same as on Attached
..... 18
WITHDRAWAL
I, the undersigned, withdraw my appeal in this case
..... 19 DATE
..... 20 APPELLANT
by 21 ATTORNEY FOR APPELLANT

Data Elements

1. Jurisdiction name.
2. Date of final order of district court judgment being appealed.
3. Check type of court.
4. Check the first box if a pre-set trial date is to be given through the district court. If a pre-set docket call date for setting trial is to be given through the district court, check the second box.
5. Insert date and time of scheduled appearance for reasons shown by Data Element No. 4 in circuit court.
6. Street address and telephone number of circuit clerk's office.
7. Check if another method for setting trial or docket call appearance is used.
8. Total amount of writ tax, costs and service of process fees required to be posted.
9. Amount of appeal bond to be posted.
10. Date of noting of appeal.
11. Signature of appellant if he noted the appeal; print or type appellant's name if appeal noted by appellant's attorney. Check applicable box indicating if appellant is plaintiff/petitioner or defendant/respondent.
12. Signature of attorney when appeal noted by attorney.
13. Court case number.
14. Name(s) of plaintiff(s) or petitioner in district court.
15. Name(s) of defendant(s) or respondent in district court.
16. Date of judgment.
17. Name and address of plaintiff's attorney.
18. Name and address of defendant's attorney.
19. Date of withdrawal of appeal.
20. Signature of appellant or name of appellant if withdrawn by appellant's attorney.
21. Signature of appellant's attorney, if applicable.

Using This Form

1. Copies
 - a. Original – to appellant.
 - b. First copy – to district court and filed with case papers.
2. Prepared by court.
3. Attachments – none.
4. Preparation details
 - a. This form is to be used to provide notice to an appellant pursuant to Virginia Code § 16.1-109 which provides that in appeals from a district court to a circuit court, when an appeal bond or other security is required by law and, as a result of an error of the district court or the district court's failure to so require, the appellant fails to post such a bond or other security (or fails to cure defects in the bond or other security), the district court must order execution of the required bond or security or cure any defect within a period not longer than the initial period of time for posting the bond or other security. The form DC-476 NOTICE AND ORDER TO CURE DEFICIENCIES – CIVIL APPEAL would be used by the district court in response to discovery of omission or defect by the district court or upon circuit court remand for the same.
 - b. Virginia Code § 16.1-109 directs the court to order the appellant or applicant to cure and, though not specifically prescribed, prudence requires the appellant be served with notice to cure pursuant to § 8.01-296. Data Elements Nos. 1 to 10 on page two have been provided for that purpose. Notice to all other parties may be dictated by local practice.

**NOTICE AND ORDER TO
CURE DEFICIENCIES – CIVIL APPEAL**

Commonwealth of Virginia VA. CODE §§ 16.1-106, 16.1-107, 16.1-109, 16.1-298

Case No. 1

2
CITY OR COUNTY [] General District Court
[] Juvenile and Domestic Relations District Court

3 v./In re: 3
PLAINTIFF/APPELLANT DEFENDANT/RESPONDENT

4
DATE APPEAL NOTED

TO THE APPELLANT: Your above-referenced appeal of the judgment of this Court to the circuit court of this city or county has the following deficiency(ies):

- 5 { [] The Court failed to set the required appeal bond or other security of \$
- [] The appeal bond of \$ required by the Court was insufficient by the amount of \$
- 6 [] Other:

You are ordered to cure any defect in bond or failure to post bond within 30 days, or 10 days in unlawful detainer cases (except within 30 days in an unlawful detainer case against an indigent former owner based upon a foreclosure), from receipt of this order for the appeal in your case to be complete (“perfected”). You must deliver to the Clerk of this Court the outstanding bond or other security amount by deposit in the form of, or that is secured by, cash, bank check, draft from the escrow account of your attorney, or surety bond. Your failure to comply with this order within the 30 day period, or 10 day period in unlawful detainer cases, will result in the disallowance of your appeal. The order or judgment from which you are appealing remains in full force and effect if it involves support, a protective order, continuing programs pursuant to Virginia Code § 16.1-1-289 or other proceedings specified by law, until changed or annulled by the circuit court.

7 [] Your case is scheduled to be called for [] 8 trial [] 9 setting of trial date for
DATE AND TIME OF APPEARANCE
to be held in the Circuit Court, which is located at:

10
STREET ADDRESS OF CIRCUIT COURT TELEPHONE NUMBER

This date may be different than previously provided.

11 [] You must contact the circuit court clerk’s office for instructions on setting the trial date.

12 13
DATE JUDGE

NOTICE: Promptly communicate with the clerk of the circuit court of this jurisdiction concerning the subpoenaing of witnesses and any need for interpreters, and if you wish to request a jury trial. Failure to appear in the circuit court at the designated date and time may result in the dismissal of your appeal.

HEARING DATE 14	CASE NO. 15
NOTICE AND ORDER TO CURE DEFICIENCIES – CIVIL APPEAL	
<u>16</u> PLAINTIFF(S)	
v./In re	
<u>17</u> DEFENDANT(S)	
CLERK’S OFFICE USE ONLY Send appellant’s copy out for service and notify all other parties.	
Copies sent this date to:	
<u>18</u>	
<u>19</u> CLERK INITIALS	<u>20</u> DATE

Data Elements, page one of two

1. Court case number.
2. Name of court. Check the appropriate box to indicate court.
3. Style of the case on appeal.
4. Date of noting of appeal.
5. Check appropriate box and insert required dollar amounts.
6. Check box and provide additional notice of deficiency, if applicable.
7. Check if pre-set docket call date or trial date in circuit court is to be given through the district court.
8. If Data Element No. 7 is checked, then check the first box if a pre-set trial date is given; if a pre-set docket call date for setting trial is given, check the second box.
9. Insert date and time of scheduled appearance in circuit court.
10. Insert street address and telephone number of circuit court in which appearance is scheduled.
11. Check if another method for setting trial or docket call appearance is used.
12. Date order issued.
13. Signature of judge.
14. If a hearing was held on the matter of curing defect in bond, insert date of hearing.
15. Court case number.
16. Name of plaintiff(s) in district court.
17. Name of defendant(s) in district court.
18. Insert name of appellant(s) to whom notice is served and to all other parties to whom notice is sent or served, as dictated by local practice.
19. Initials of clerk.
20. Date of certification by clerk.

RETURNS: Each party was served according to law, as indicated below, unless not found.

1	NAME	
2	ADDRESS	
3	<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
4	<input type="checkbox"/> Being unable to make personal service, a copy was delivered in the following manner:	
5	<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.	
6	<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.)	
7	<input type="checkbox"/> Not found	8 SERVING OFFICER
	9 DATE	for 10

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"/> Not found	SERVING OFFICER
DATE	for

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"/> Not found	SERVING OFFICER
DATE	for

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"/> Not found	SERVING OFFICER
DATE	for

Data Elements, *page two of two*

1. Name of appellant.
2. Address and telephone number of appellant.
3. Check this box if personal service obtained.
4. Serving officer to check the appropriate box to designate type of service.
5. If served by leaving the summons with a family member over age 16, check the appropriate box and insert required information.
6. Check if served by posting.
7. Check this box if unable to serve process.
8. Signature of serving officer.
9. Date of service.
10. Name of sheriff if served by deputy sheriff.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to person who is the subject of petition.
 - c. Second copy – attorney of person who is subject of petition.
 - d. Third copy – guardian or committee for person who is subject of petition.
2. Prepared by petitioner.
3. Attachments
 - a. Possibly prescreening report referenced in Petition.
4. Preparation details

This petition can be directed to a district court judge or a special justice.

**PETITION FOR JUDICIAL CERTIFICATION
OF ELIGIBILITY FOR ADMISSION**

Commonwealth of Virginia Va. Code § 37.2-806

Case No. **1**

[] General District Court
[] Juvenile & Domestic Relations District Court

..... **2**
In Re: **3**
NAME OF RESPONDENT

I, the undersigned Petitioner, state under oath to the best of my knowledge and belief that:

1. I am the Respondent's ^{**4**} [] mother [] father [] guardian [] other responsible person.
2. The Respondent has intellectual disability, is in need of training or habilitation, is not capable of requesting admission to a training center pursuant to Virginia Code § 37.2-806, and has been approved for admission by the training center to which it is proposed that the Respondent be admitted.
3. A preadmission screening report was obtained from **5**
COMMUNITY SERVICES BOARD OR BEHAVIORAL HEALTH AUTHORITY
and the report recommends the admission of the Respondent to a training center for the training or habilitation of persons who have intellectual disability.
4. There is no less restrictive alternative to training center admission for the Respondent, consistent with the best interests of the Respondent.
5. It is proposed that the Respondent be admitted to **6** , a
NAME OF TRAINING CENTER
training center for the training or habilitation of persons who have intellectual disability and said training center has approved the admission of the Respondent.

Wherefore, the Petitioner requests that the Respondent be certified as eligible for admission to the above-named training center pursuant to Virginia Code § 37.2-806.

..... **7**
DATE

..... **8**
PETITIONER'S SIGNATURE

..... **9**
PRINT NAME

..... **10**
ADDRESS TELEPHONE NUMBER

Data Elements

1. Court case number.
2. Court name. Check box designating which district court.
3. Name of person who is the subject of the petition.
4. Check appropriate box to indicate the relationship of the petitioner to the subject of the petition.
5. Name of community services board or behavioral health authority that performed the preadmission screening report.
6. Name of training center that has approved the admission of the subject of the petition.
7. Date petition was signed.
8. Signature of petitioner.
9. Petitioner's name – printed or typed.
10. Address and telephone number of petitioner.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to person who is subject of petition.
 - c. Second copy – to petitioner.
2. Prepared by judge, special justice or the clerk and signed by judge or special justice.
3. Attachments – none.
4. Preparation details –

This petition can be directed to a district court judge or a special justice.

CERTIFICATION OF ELIGIBILITY FOR ADMISSION

Commonwealth of Virginia Va. Code § 37.2-806

Case No. **1**.....

2..... General District Court
 Juvenile & Domestic Relations District Court

In Re: **3**.....
NAME OF RESPONDENT

4....., the Petitioner, has requested that this court
NAME OF PETITIONER
certify that the above-named Respondent is eligible for admission to a training center for the training or habilitation of
persons who have intellectual disability pursuant to Virginia Code § 37.2-806. A

hearing was held on this matter on **5**.....
DATE OF HEARING

Present at the hearing were

- Petitioner Attorney for Petitioner
- 6** Respondent Attorney for Respondent
- Guardian ad Litem or Committee for Respondent
- Other

Pursuant to Virginia Code § 37.2-806, a preadmission screening report from

7..... was submitted that recommends the admission of the Respondent
NAME OF COMMUNITY SERVICES BOARD OR BEHAVIORAL HEALTH AUTHORITY
to a training center for the training or habilitation of persons who have intellectual disability. In addition,

8....., a physician, clinical psychologist or community services board
or behavioral health authority designee has personally assessed the Respondent and found probable cause to believe that
the Respondent has intellectual disability, is not eligible for a less restrictive service, and is in need of training or
habilitation in a training center.

Upon consideration of this evidence and other evidence presented at the hearing and the argument of counsel, the
Court finds that:

1. The Respondent is not capable of requesting his or her own admission.
2. **9**..... has approved the proposed admission pursuant to
NAME OF TRAINING CENTER
Virginia Code § 37.2-806(B).
3. There is no less restrictive alternative to training center admission, consistent with the best interests of the
Respondent.
4. The Respondent has intellectual disability and is in need of training or habilitation in a training center.

Accordingly, the Court certifies and ORDERS that the Respondent is eligible for admission to the above-named
training center pursuant to Virginia Code § 37.2-806.

10.....
DATE

11.....
 JUDGE SPECIAL JUSTICE

Data Elements

1. Court case number.
2. Court name. Check box designating which district court.
3. Name of person who is the subject of the petition.
4. Name of petitioner.
5. Date of hearing.
6. Check boxes to indicate who was present at the hearing.
7. Name of community services board or behavioral health authority that performed the preadmission screening report.
8. Name of physician, clinical psychologist or community services board or behavioral health authority designee who personally examined the respondent.
9. Name of training center that has approved the admission of the subject of the petition.
10. Date order issued.
11. Signature of judge or special justice. Check the appropriate title box.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to defendant. If more than one defendant, provide a copy for *each* defendant.
 - c. Second copy – to plaintiff.
2. All but Case Disposition prepared by plaintiff (claim, parties, and court name and address) and clerk (Data Elements Nos. 3, 4, 5, 19, and 24). Case Disposition prepared by judge.
3. Attachments
 - a. Form DC-413, CERTIFICATE OF MAILING, or its equivalent – if filed by plaintiff.
 - b. Form DC-325, REQUEST FOR WITNESS SUBPOENA – if completed before this form is issued.
4. Preparation details – none.

PETITION AND ORDER FOR SALE OF PROPERTY

Commonwealth of Virginia

Va. Code §§ 43-34; 46.2-644.03

..... **1** General District Court
CITY OR COUNTY

..... **2**
STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER:

You are hereby commanded to summon the defendant(s).

TO THE DEFENDANT(S):

You are summoned to appear before this court at the above address on

..... **3**
RETURN DATE AND TIME

to answer the Plaintiff(s)'s civil claim (see below)

..... **4**
DATE

..... **5**
[] CLERK [] DEPUTY CLERK [] MAGISTRATE

TO THE COURT:

I hereby petition this court to order the sale of the following described property,

..... **6**
DESCRIPTION

valued at \$ **7**

located in **8**
CITY/COUNTY

- 9** [] having value greater than \$10,000 but not greater than \$25,000.
[] the property described above is a motor vehicle owned by a military servicemember having value less than \$10,000.

I/we hereby certify that I/we have a lien against this property pursuant to Virginia Code §§ 43-31 through 43-33, 46.2-644.01 or 46.2-644.02 that has not been paid within ten days of the date due.

I/we hereby certify that notice has been served on the owner of the property pursuant to Virginia Code §§ 43-34 or 46.2-644.03, whichever is applicable.

..... **10**
DATE

..... **11**
SIGNATURE OF PLAINTIFF(S)

CASE DISPOSITION

- 12** [] The Court finds for the Defendant.
13 [] The debt and lien having been established by the Plaintiffs and having found that the property should be sold to pay the debt, this court hereby orders the sheriff of

..... **14**
COUNTY/CITY

to sell and dispose of the above-described property and dispose of the proceeds in the same manner as if the sale was made under a writ of fieri facias.

- 15** [] The Court orders a stay [] sua sponte [] on application of a servicemember whose ability to comply with the obligation resulting in this proceeding is materially affected by military service until

..... **16**
NEXT HEARING DATE

..... **17**
DATE

..... **18**
JUDGE

CASE NO. 19
..... 20 PLAINTIFF(S)
..... ADDRESS/LOCATION
..... v.
..... 21 DEFENDANT(S)
..... ADDRESS/LOCATION
PETITION AND ORDER FOR SALE OF PROPERTY
TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice on the reverse about requesting a change of trial location.
22 [] To dispute this claim, you <u>must</u> appear on the return date to try this case.
[] To dispute this claim, you must appear on the return date for the judge to set another date for trial.
Bill of Particulars 23 ORDERED DUE
Grounds of Defense 24 ORDERED DUE
ATTORNEY(S) FOR PLAINTIFF(S) 25
ATTORNEY(S) FOR DEFENDANT(S) 26

HEARING DATE AND TIME

..... **27**

DISABILITY ACCOMMODATIONS for loss of hearing, vision, mobility, etc., contact the court ahead of time.

Data Elements, page one

1. Court name (General District Court jurisdiction - \$0.01 – \$15,000).
2. Court street address.
3. Return date and time (date and time of scheduled appearance, cannot exceed sixty days from service).
4. Date of issuance.
5. Signature of person issuing. Check the appropriate title box below the signature line.
6. Description of property the plaintiff wants sold.
7. Value of property the plaintiff wants sold.
8. Where the property to be sold is located.
9. Check applicable box.
10. Date of signing of the claim.
11. Signature of person filing the claim.
12. Check this box if the court finds for the defendant.
13. Check this box if the court orders that the property be sold.
14. Jurisdiction of sheriff who is ordered to sell the property described in Data Element No. 6.
15. Check this box if the court is ordering a stay, and indicate whether it is on the court's own motion or on application of the defendant servicemember.
16. Date of next hearing as a result of stay being ordered.
17. Date of entry of judgment.
18. Signature of judge.
19. Court case number.
20. Names and addresses of plaintiffs.
21. Names and addresses of defendants, if known.
22. Check box for method used to set contested cases.
23. If judge orders filing of bill of particulars, insert the appropriate date.
24. If judge orders filing of grounds of defense, insert the appropriate date.
25. Name and address of plaintiff's attorney.
26. Name and address of defendant's attorney.
27. Hearing date and time.

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME 1	
ADDRESS 2	
<input type="checkbox"/> 3 PERSONAL SERVICE	Tel. No. 2
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. <p style="text-align: center;">5</p>	
<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 Secretary of the Commonwealth	
<input type="checkbox"/> 6 NOT FOUND	..... 7
	SERVING OFFICER
..... 8	for 9
DATE	

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
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 Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	.....
	SERVING OFFICER
.....	for
DATE	

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
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 Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	.....
	SERVING OFFICER
.....	for
DATE	

OBJECTION TO VENUE:

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on	
..... 10 .....	..... 11
DATE	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Plaintiff's Atty. <input type="checkbox"/> Plaintiff's Agent

Data Elements, page two

1. Name of person to be summoned. If person is a corporation's registered agent, show name of corporation on second line.
2. Address and telephone number of person to be summoned.
3. Check this box if personal service obtained.
4. Serving officer to check the appropriate box to designate type of substitute service.
5. If served by leaving the warrant in debt process with a family member age 16 or older, check appropriate box and insert required information.
6. Check this box if unable to serve process.
7. Signature of serving officer.
8. Date of signature.
9. Name of sheriff if served by deputy sheriff.
10. Date that plaintiff mailed copy of pleading to defendant.
11. Signature of person who mailed the pleading.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to party or agency (such as DMV).
 - c. Second copy – to other party.
2. Prepared by clerk or judge, signed by judge.
3. Attachments
 - a. DC-407, REQUEST FOR HEARING – EXEMPTION CLAIM
 - b. DC-424, DISTRESS WARRANT
 - c. DC-428, WARRANT IN DEBT –INTERPLEADER
 - d. DC-446, ATTACHMENT SUMMONS
 - e. DC-454, REQUEST FOR HEARING – GARNISHMENT/LIEN EXEMPTION CLAIM
 - f. Virginia Overweight Citation
 - g. Motion for Judgment
4. Preparation details
 - a. This form is designed for use with civil warrants and motions for judgments that do not have a preprinted case disposition section.
 - b. This form must be used in reporting the disposition of overweight vehicle cases tried on a Virginia Overweight Citation to the Virginia Department of Motor Vehicles.

CASE DISPOSITION

VA. CODE ANN. § 16.1-79

..... **1** General District Court
CITY OR COUNTY

TYPE OF CASE

- OVERWEIGHT CITATION
- MOTION FOR JUDGMENT **2**
- ATTACHMENT
-
- MOTOR CARRIER CITATION
- O.S.H.A.
- DISTRESS

Case Disposition

JUDGMENT that Plaintiff(s) recover against named Defendant(s) **3**

\$ **4** net of any credits, with per annum interest at

..... **5**
INTEREST RATE(S) AND BEGINNING DATE(S)

until paid \$ **6** costs, and \$ **7** attorney's fees. **9**

Bond **8** Posted Not Posted. If posted, Bond was FORFEITED NOT FORFEITED DISCHARGED

10 Homestead Exemption waived? Yes No cannot be determined.

11 JUDGMENT FOR NAMED DEFENDANT

12 OTHER

13 NON-SUIT **14** DISMISSED

Defendant(s) Present? **15** Yes No

..... **16**
DATE

..... **17**
JUDGE

RETURN DATE **18** CASE NO. **19**
CITATION NO. **20**

PLAINTIFF(S)
 COMMONWEALTH OF VIRGINIA

NAME(S) (LAST, FIRST, MIDDLE)

21

v.
DEFENDANT(S) NAME(S) (LAST, FIRST, MIDDLE)

22
.....
.....
.....

CASE DISPOSITION

Bill of Particulars ordered **23**
DUE DATE

Grounds of Defense ordered **24**
DUE DATE

ATTORNEY FOR PLAINTIFF(S)
25

ATTORNEY FOR DEFENDANT(S)
26

Data Elements

1. Court name.
2. Check the appropriate box and, if needed, fill in a description of the type of case in which this form is being used.
3. Check the last box and enter the names of defendants only if judgment is entered against less than all defendants. If judgment is entered against all defendants, check the first box.
4. Amount of judgment principal.
5. Interest rate(s) and date(s) from which each rate runs.
6. Court costs assessed against the defendant.
7. Attorney's fees awarded by the court.
8. Check whether or not bond was posted.
9. If bond was posted, check the appropriate disposition of the bond.
10. Check the appropriate box.
11. Check the first box if judgment for all defendants is entered. If judgment for less than all defendants, also name the defendants for whom judgment is entered.
12. Check if other terms are included in the case disposition and include those terms.
13. Check if a nonsuit is entered.
14. Check if the case is dismissed as to all defendants. If dismissal is for less than all defendants, name the defendants for whom the case is dismissed.
15. Check the applicable box. If there are multiple defendants and not all were present, list names of those present.
16. Date of entry of judgment.
17. Signature of judge.
18. Return date.
19. Court case number.
20. Citation number from Virginia Overweight Citation, if applicable. See Using This Form, 4b.
21. Names of plaintiffs.
22. Names and address of defendants.
23. If judge orders filing of bill of particulars, insert the due date.
24. If judge orders filing of grounds of defense, insert the due date.
25. Name and address of plaintiff's attorney.
26. Name and address of defendant's attorney.

Using This Form

This form is issued by direction of the court, either by specific case or by a written local policy or guideline when the remedy sought is to compel compliance with the court's direction, in lieu of punishing the defendant for failure to comply with the court's order and may be issued in any criminal or traffic case.

The appropriate Virginia Code section should always be cited on the form (e.g., "Failure to pay fines and costs," Va. Code § 19.2-358).

The general district court should assign a new civil case number and use the civil CMS case type "OT," for civil contempt arising from a criminal case. If the civil contempt arises from a civil matter, and if the respondent on the SHOW CAUSE SUMMONS is the defendant in the underlying civil matter, assign a subsequent action case number of the underlying civil cases.

In the juvenile and domestic relations district court, if the respondent is the defendant in the underlying case, use a subsequent action number of the original case. If the respondent in the SHOW CAUSE SUMMONS is not the defendant in the underlying case, a new case number is assigned. If the respondent has an existing case number, this proceeding becomes the next new case assigned to that number.

SHOW CAUSE SUMMONS (CIVIL)

Commonwealth of Virginia

VA. CODE §§ 8.01-508, 8.01-519, 8.01-564,
8.01-565, 16.1-69.24, 16.1-278.16, 19.2-358

General District Court
 Juvenile and Domestic Relations District Court

1

CITY OR COUNTY

2

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER:

You are hereby commanded to summon forthwith the Respondent to appear before this Court on

3

DATE AND TIME

to show cause, if any, why Respondent should not, pursuant to

Virginia Code § **4**

have judgment in the amount of \$ **5** or other such amount as may be proved entered against the Respondent Garnishee

6 be imprisoned until the Respondent complies with the Court's order or be fined for:

7 failure to pay fines, costs, forfeiture, restitution and/or penalty or an installment thereof:

payment due: \$ on

8 failure to provide support as ordered on DATE

\$ per

with \$ arrearages as of **18**

9 failure to obey an order of this court

dated ordering

10 failure to appear on to answer interrogatories

DATE

11 (Other-Explain)

WARNING: Failure to appear may result in your being fined or jailed.

12

DATE ISSUED

13

CLERK MAGISTRATE JUDGE

CASE NO. **14**

SUMMON THIS RESPONDENT:

15

LAST NAME, FIRST NAME, MIDDLE NAME

16 COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			

SSN **17**

SHOW CAUSE SUMMONS (CIVIL)

In connection with the case of

Commonwealth of Virginia

..... **18**

v./In re

19

UNDERLYING CASE NO. **20**

NOTICE TO RESPONDENT: If this Show Cause Summons is issued based upon your alleged failure to provide support as ordered, your ability to pay the ordered support will be a critical issue in this proceeding. You will have an opportunity at the hearing to respond to statements and questions about your financial status.

HEARING DATE AND TIME

21

Data Elements, front

1. Court name. Check box for type of court.
2. Address of court.
3. Hearing date and time.
4. Applicable code section.
5. Judgment amount requested.
6. Check if imprisonment is requested.
7. Check if requesting imprisonment for failure to make payment.
8. Check if requesting imprisonment for failure to provide support.
9. Check if requesting imprisonment for failure to obey a court order. Check box to indicate which court issued the order.
10. Check if requesting imprisonment for failure to appear to answer interrogatories.
11. Check if there is another reason for requesting the SHOW CAUSE SUMMONS and explain the reason.
12. Date issued.
13. Signature and title of issuer.
14. Court case number.
15. Name of respondent.
16. Fill in physical characteristics of respondent, if known.
17. Social security number of respondent.
18. Check box if suit is brought by Commonwealth. If not, check other box and fill in name of plaintiff in connected case.
19. Fill in name of defendant in connected case, or if style of case is "In re," fill in case name.
20. Companion case number. See Data Element Nos. 5-9.
21. Hearing date and time. Additional space is allotted to allow for inclusion of subsequent hearings.

1 [] Dismissed on motion of Petitioner.

The Respondent was this day:

2 [] tried in absence
[] present

The Respondent was:

[] represented by counsel

3 _____
NAME OF COUNSEL

[] not represented by counsel

The Respondent:

[] denied contempt

4 [] did not contest contempt

[] admitted contempt

And was TRIED and FOUND by me:

[] not guilty of civil contempt

5 [] guilty of civil contempt

[] See attached Order

In addition:

6 [] that there is a support arrearage of \$ _____

as of _____

7 [] with interest included

[] without interest included

8 [] that the garnishee should have withheld \$ _____

9 [] Pending disposition on _____

DATE AND TIME

the court ORDERS

10

DATE

11

JUDGE

[] I ORDER the charge dismissed

12 [] with prejudice

[] without prejudice

I impose the following Disposition:

13 [] Placed in custody until the respondent complies with the requirements of the court's order for a maximum of _____

14 [] Civil fine of \$ _____ payable to _____

15 [] Judgment against garnishee in favor of judgment creditor of \$ _____

16 [] Other: _____

17 [] Appeal Bond \$ _____

18 [] Appearance Bond \$ _____
[] unsecured [] secured

19 [] Accrual Bond \$ _____

20 [] Work Release [] authorized if eligible
[] required [] not authorized

21 [] Other: _____

22 [] Respondent may purge his/her jail sentence by paying a lump sum of \$ _____ to
[] DCSE [] _____

23 [] Purge Clause _____

24 [] Respondent has been advised of his or her right to appeal the civil contempt.

25

DATE

26

JUDGE

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

Name 27
Address
.....
.....

27 [] PERSONAL SERVICE Telephone No.

[] Being unable to make personal service, a copy was delivered in the following manner:

[] 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.

29 **30**

[] 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.)

31 [] Served on Secretary of the Commonwealth.

32 [] Not found

..... **33**
SERVING OFFICER

34 for **35**
DATE

COSTS

36 120 CT. APPT. ATTY. \$

234 JAIL ADMISSION FEE \$

Data Elements, reverse

1. Check box if case is dismissed on motion of the requesting party.
2. Check applicable box if respondent was present.
3. Check applicable box to indicate if respondent was represented by counsel. If so, enter the name of the counsel.
4. Check box that corresponds to answer of respondent.
5. Check box that corresponds to finding of the court.
6. Check box if court finds there is a support arrearage. Enter the amount of the arrearage and effective date.
7. Check box that corresponds to whether arrearage includes interest.
8. Check box if court finds that garnishee should have withheld a sum. Enter the amount that the garnishee should have withheld.
9. Check box if case is continued. Enter interim orders below.
10. Date of entry of order.
11. Signature of judge.
12. Check if the charge is dismissed with box indicating whether charge is dismissed with or without prejudice.
13. Check if respondent is to be incarcerated until there is compliance with the order and enter the maximum time period of incarceration.
14. Check if civil fine imposed and enter the amount of the fine and to whom it should be paid.
15. Check if the court finds in favor of the judgment creditor against the garnishee and enter the amount to be paid by the garnishee to the judgment creditor.
16. Check box and enter any other disposition.
17. Check box if appeal bond is required and insert amount of the bond.
18. Check box if appearance bond is required, insert the amount of bond and check box indicating whether bond is secured or unsecured.
19. Check box if accrual bond is required and insert amount of bond.
20. Check box for work release and indicate by checking box whether work release is authorized, required or not authorized.
21. Check box and enter any other disposition.
22. Check box for lump sum payment purge provision, enter lump sum amount required to purge contempt and identify DCSE or another payee.
23. Check box and enter any purge provision not indicated in Data Element 20.
24. Check box if respondent notified of right to appeal finding of civil contempt.
25. Date of entry of order.
26. Signature of judge.
27. Name and address (and telephone number if known) of party to be served (to be inserted by clerk or judge).
28. Serving officer to check this box if personal service obtained.
29. Serving officer to check the appropriate box to designate type of substitute service.
30. If served by leaving a copy with a family member age 16 or older, check appropriate box and insert required information.
31. If served on the Secretary of the Commonwealth, check this box.
32. Serving officer to check this box if unable to serve process.
33. Signature of serving officer.
34. Date of signature.
35. Name of sheriff if served by deputy sheriff.
36. If applicable, insert the appropriate costs.

Using This Form

1. This form is issued by order of the court pursuant to Virginia Code § 19.2-143, which requires notice to all parties (defendant, surety or sureties) when the defendant fails to appear.
2. Copies
 - a. Original – to court.
 - b. First copy – to defendant.
 - c. Second copy or subsequent copies – to surety or sureties.
3. It is used to forfeit both unsecured recognizances for a defendant only, as well as a secured bond for a defendant and any surety or sureties.
4. In the general district court, it is indexed and docketed as a new civil case. In the juvenile and domestic relations district court, it is indexed and docketed as a subsequent action of the original case.

SHOW CAUSE SUMMONS (BOND FORFEITURE – CIVIL)
Commonwealth of Virginia VA. CODE §§ 19.2-143 TO 19.2-148

1 [] General District Court
[] Juvenile and Domestic Relations District Court
CITY OR COUNTY
2 STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: Serve this notice on the Respondent(s).
To the Respondent(s):

You are hereby notified to appear before this Court on
3 to show cause, if any,
DATE AND TIME
why Respondent(s) should not, pursuant to Va. Code § 19.2-143, forfeit a bond in the amount of
\$ 4 executed by each Respondent as a principal
or surety to secure the release of 5
who failed to appear on 6
7 DATE ISSUED 8 [] CLERK [] JUDGE

Case Disposition

JUDGMENT that Plaintiff(s) recover against 9 [] named Respondent(s)
[]
\$ 10 net of any credits, with interest at 11 %
INTEREST RATE
from 12 until paid.
DATE FROM WHICH IS DUE
\$ 13 costs, and \$ 14 attorney's fees.
COSTS ATTORNEY'S FEES

Homestead Exemption waived pursuant to state law.
[] JUDGMENT FOR 15 [] NAMED RESPONDENT(S)
[]
16 [] NON-SUIT 17 [] DISMISSED
Respondent(s) Present? 18 [] Yes
[] No
19 DATE 20 JUDGE

CASE NO. 21
SERVE NOTICE ON RESPONDENT(S):
1) 22
LAST NAME, FIRST NAME, MIDDLE INITIAL
ADDRESS
SSN
2)
LAST NAME, FIRST NAME, MIDDLE INITIAL
ADDRESS
SSN
3)
LAST NAME, FIRST NAME, MIDDLE INITIAL
ADDRESS
SSN

SHOW CAUSE SUMMONS
(BOND FORFEITURE – CIVIL)

In connection with the case of
[] Commonwealth of Virginia
23 []
v./In re 24
UNDERLYING CASE NO. 25

HEARING DATE AND TIME
26

Data Elements, page one

1. City or county where court is located. Check appropriate box designating court.
2. Address of court.
3. Hearing date and time.
4. Amount of bond.
5. Name of person for whom bond was issued.
6. Date person named in Data Element No. 5 failed to appear.
7. Date issued.
8. Signature and title of issuer.
9. Check appropriate box as to against whom the judgment is entered. If judgment is entered against someone other than the named defendant(s), insert name(s).
10. Amount of judgment.
11. Interest rate.
12. Date from which judgment amount due.
13. Costs.
14. Attorney's fees.
15. Check box, if appropriate, if judgment is entered for the defendant. If judgment is entered for someone other than the defendant, check the corresponding box and supply name in the space provided.
16. Check box if non-suit entered.
17. Check box if summons dismissed.
18. If defendants are present, check box and fill in names of those present. If defendants are not present, check the second box.
19. Date signed by judge.
20. Signature of judge.
21. Case number.
22. Fill in names, addresses, and social security numbers of the respondents.
23. Check box if suit is brought by Commonwealth. If not, check other box and fill in name of plaintiff in connected case.
24. Fill in name of defendant in connected case, or if style of case is "In re," fill in case name.
25. Underlying case file number.
26. Hearing date and time. Additional space is allotted to allow for inclusion of subsequent hearings.

The Court found the Respondents

- 1 in default
- not in default

_____ **2** _____ **3**
 DATE JUDGE

At least 150 days after a finding of default, the Court finds that the default:

- 4 has been cured and the proceeding is dismissed
- 5 has not been cured and orders that the bond be forfeited and:
- 6 finds that the surety has paid the bond amount and is discharged from further liability.
- 7 finds that the bond amount has not been paid and orders that judgment be entered in favor of
- 8 Commonwealth against all respondents as follows:

\$ _____ **9** principal with interest from judgment until paid. Homestead exemption was waived in the bond.

_____ **10** _____ **11**
 DATE JUDGE

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

Name 12	
Address 13	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
<input type="checkbox"/> Being unable to make personal service, a copy was delivered in the following manner:	
16 <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.	
17 <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.)	
18 <input type="checkbox"/> Served on Secretary of the Commonwealth.	
<input type="checkbox"/> Not found	20 SERVING OFFICER
..... 21 for _____ 22 _____ DATE	

RETURNS: Each 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 Secretary of the Commonwealth.	
<input type="checkbox"/> Not found	SERVING OFFICER
..... for _____ DATE	

RETURNS: Each 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 Secretary of the Commonwealth.	
<input type="checkbox"/> Not found	SERVING OFFICER
..... for _____ DATE	

Data Elements, page two

1. Check box designating whether respondents are in default or not in default.
2. Date.
3. Judge's signature.
4. Check box if default has been cured.
5. Check box if default has not been cured.
6. Check box if surety has paid.
7. Check box if surety has not paid.
8. Check appropriate box as to whom judgment was entered for.
9. Amount of judgment.
10. Date.
11. Judge's signature.
12. Name of defendant.
13. Address and telephone number of defendant.
14. Check box if defendant was served personally.
15. Check box if personal service could not be attained.
16. Check box if summons left with family member and list name, age of recipient and relation of recipient to defendant.
17. Check if service was accomplished by posting.
18. Check if service was accomplished by serving on the Secretary of the Commonwealth.
19. Check box if service not accomplished.
20. Signature of serving officer.
21. Date of signature.
22. Agency of serving officer.

Using This Form

1. Copies
 - a. Original – to sheriff to be executed, then to the court.
 - b. Copy – to the defendant.
2. Prepared by clerk or judge, executed by serving officer.
3. Attachments – none.
4. Preparation details
 - a. This form is issued by direction of the court, either by specific case or by a written local policy or guidance when the remedy sought is to compel compliance with the court’s direction, in lieu of punishing the defendant for failure to comply with the court’s order.
 - b. The appropriate Virginia Code section should always be cited on the form (e.g., “Failure to pay fines and costs,” Va. Code § 19.2-358).
 - c. The general district court should assign a new civil case number and use the civil CMS case type “OT,” for civil contempt arising from a criminal case. If the civil contempt arises from a civil matter, and if the respondent on the Capias is the defendant in the underlying civil matter, assign a subsequent action case number of the underlying civil cases.
 - d. In the juvenile and domestic relations district court, if the respondent is the defendant in the underlying case, use a subsequent section number of the original case. If the respondent in the Capias is not the defendant in the underlying case, a new case number is assigned. If the respondent has an existing case number, this proceeding becomes the next new case assigned to that number.

CAPIAS: ATTACHMENT OF THE BODY (CIVIL)

Commonwealth of Virginia

VA. CODE §§ 8.01-508, 8.01-519, 8.01-564, 8.01-565,
16.1-69.24, 16.1-278.16, 18.2-456, 19.2-358, 19.2-130.1

- General District Court
- Juvenile and Domestic Relations District Court

1
CITY OR COUNTY

2
STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth forthwith to arrest the Respondent, and to produce the Respondent in this Court when found, or as soon thereafter as this Court may be in session, to show cause, if any, why Respondent should not, pursuant to

Va. Code § **3**

have judgment in the amount of \$ **4** or other such amount as may be proved entered against the Respondent Garnishee

5 be imprisoned until the Respondent complies with the Court's order or be fined for:

6 failure to pay fines, costs, forfeiture, restitution and/or penalty or an installment thereof:

payment due: \$ _____ on _____

7 failure to provide support as ordered on _____ DATE

\$ _____ per _____

with \$ _____ arrearage as of _____

8 failure to obey an order of this court _____

dated _____

ordering _____

9 (Other-explain) _____

CONTINUED ON REVERSE

10 Pursuant to Va. Code § 19.2-130.1, the judge orders that the magistrate shall set the bail terms in accordance with the following, unless circumstances exist that require more restrictive terms:

11

12 AND may may not set additional terms and conditions.

The following information is provided to the judicial officer in determining bail:

13

14

DATE ISSUED

15

CLERK MAGISTRATE JUDGE

CASE NO. **16**

ARREST THIS RESPONDENT:

17

LAST NAME, FIRST NAME, MIDDLE NAME

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			
				18					
SSN 19									

HEARING DATE AND TIME

27

**CAPIAS:
ATTACHMENT OF THE BODY (CIVIL)**

In connection with the case of

Commonwealth of Virginia

20

v./In re

21

DEFENDANT(S)

UNDERLYING CASE NO. **22**

EXECUTED by arresting the Respondent named above this day:

23

DATE AND TIME

24

, ARRESTING OFFICER

25

BADGE NO., AGENCY AND JURISDICTION

FOR **26**

SHERIFF

Data Elements, front

1. Court name. Check box indicating which district court.
2. Court address.
3. Applicable code section.
4. Check box if capias is for a garnishee and enter judgment amount requested.
5. Check if imprisonment is requested.
6. Check if requesting imprisonment for failure to pay fines and/or restitution. Fill in amount of payment due and the date payment due.
7. Check if requesting imprisonment for failure to provide support. Fill in date support ordered, amount of payment due, increments in which payments were ordered to be made, amount of arrearage and date through which arrearage is calculated.
8. Check if requesting imprisonment for failure to obey a court order. Insert date of order and explain order.
9. Check if there is another reason for issuing the capias. Explain the reason, using reverse of form if more space is necessary.
10. Check this box if requiring magistrate to include certain provisions when setting bail terms.
11. Indicate specific provisions that magistrate is required to set bail terms in accordance with.
12. Check appropriate box to indicate whether or not magistrate may set additional terms and conditions of bail.
13. Set out information provided to judicial officer for determining bail.
14. Date issued.
15. Signature and title of issuer.
16. Case number.
17. Name of respondent.
18. Fill in physical characteristics of respondent, if known.
19. Social security number of respondent.
20. Check box if suit is brought by Commonwealth. If not, check other box and fill in name of plaintiff in connected case.
21. Fill in name of defendant in connected case, or if style of case is "In re" fill in case name.
22. Underlying case number.
23. Date and time of arrest.
24. Signature of arresting officer.
25. Insert badge number, employing agency and jurisdiction of arresting officer.
26. If served by deputy sheriff, insert name of sheriff.
27. Hearing date and time. Additional space is allotted to allow for inclusion of subsequent hearings.

The Respondent was this day:

- 1 tried in absence
- present

2

PROSECUTING ATTORNEY PRESENT (NAME)

3

DEFENDANT'S ATTORNEY PRESENT (NAME)

NO ATTORNEY

4 ATTORNEY WAIVED

If convicted, no jail sentence will be imposed.

5 Translator/Interpreter present:

NAME

The Respondent:

denied guilt

6 did not contest guilt

admitted guilt

And was TRIED and FOUND by me:

not guilty of contempt

not guilty

7 guilty of contempt

guilty as charged

See attached Order

In addition:

that there is a support arrearage

8 of \$

that the garnishee should have withheld

\$

9 I ORDER the charge dismissed

17

DATE

I impose the following Disposition:

10 Placed in custody until the respondent complies with the requirements of the court's order

11 Placed in custody until the respondent complies with the requirements of the court's order for a maximum of

12 Civil fine of \$..... payable to

13 Judgment against garnishee in favor of judgment creditor of \$

14 Other:.....

15 Bail on Appeal \$

16 Remanded for CCRE Report

COSTS

19 **120** CT. APPT. ATTY. \$

234 JAIL ADMISSION FEE \$

18

JUDGE

Data Elements, reverse

1. Check box designating whether respondent was tried in absentia or was present for trial.
2. Check box and enter name of prosecuting attorney, if present.
3. Check box and enter name of defendant's attorney, if present.
4. Check appropriate box(es) if defendant does not have an attorney present.
5. Check box if appropriate and enter name of interpreter.
6. Check box designating respondent's plea.
7. Check box designating ruling on plea.
8. Check box designating whether there is an arrearage or whether garnishee should have withheld funds and indicate the amount of the arrearage or withholding.
9. Check box if charge dismissed.
10. Check box if judge orders incarceration until respondent complies with no maximum period of incarceration.
11. Check box if judge orders incarceration with a maximum period of incarceration and fill in the maximum.
12. Check box if judge imposes a fine. Fill in amount of fine and to whom the fine is payable.
13. Check box if judge finds a judgment against the garnishee and include amount of judgment.
14. Check box if judge orders additional action and list requirements.
15. Check box if bail for appeal has been granted and list conditions.
16. Check if respondent is remanded for CCRE Report.
17. Enter date of signature.
18. Judge's signature.
19. If applicable, insert the appropriate costs.

Using This Form

When an individual has been adjudicated by a general district court to be an habitual offender, he may apply to that court to have his driving privileges restored. Va. Code § 46.2-358.

The period of time which must elapse before an habitual offender may petition to have his driving privileges restored varies according to the nature of the convictions which formed the basis of the determination of habitual offender status. The time periods and the criteria which must be met in order to successfully petition for restoration are governed by statute. Va. Code § 46.2-358 through -361.

Only one box, A, B, C, D, E or F should be checked for each petition. Options A and B require information to be provided which is necessary for the court to determine whether to restore petitioner's privilege to drive. If option B is checked, a restricted driver's license may be issued and the employer's name and address should be entered in Data Element No. 3 (page 2).

A copy of the petitioner's DMV record should be attached to the completed petition.

If option A or B is checked, the court must complete district court form DC-486, ORDER FOR EVALUATION, and receive the evaluation of the appropriate VASAP program before holding a hearing.

**PETITION FOR RESTORATION OF DRIVING PRIVILEGE –
HABITUAL OFFENDER**

Case No. 1

Commonwealth of Virginia

VA. CODE §§ 46.2-358; -359; -360; -361

**HEARING DATE
AND TIME**

2
.....
CITY OR COUNTY

General District Court

6

3
.....
PETITIONER'S NAME

4 COMPLETE DATA BELOW IF KNOWN

3
.....
ADDRESS

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			
D.L.#								STATE	
5									

TO THE JUDGE OF THE ABOVE NAMED COURT:

I respectfully represent that I was adjudged to be an habitual offender by the 7 General District Court
on 8
DATE

I have attached a certified "Habitual Offender Restoration Transcript" of my driving record from the Department of Motor Vehicles.

CHECK ONE BOX AS THE BASIS OF YOUR PETITION:

9 **A.** Restoration under Va. Code § 46.2-360(1) (Eligibility only after five (5) years from the date of your adjudication – unless you are entitled to credit under subsection (iii) below.) I have been adjudged to be and habitual offender based in part on and dependent upon convictions of Va. Code § 18.2-266, § 18.2-51.4 or Subsection A of § 46.2-341.24 or valid local ordinance or law of another state or jurisdiction relating to operating a motor vehicle under the influence of intoxicants or drugs.

I represent that:

- (i) At the time of the convictions, I was addicted to or psychologically dependent on the use of alcohol or other drugs; and
- (ii) At this time I am no longer addicted to or psychologically dependent on the use of alcohol or other drugs; and
- (iii) Five years have passed from the date on which I was adjudged to be an habitual offender

[For the purposes of determining eligibility under this section, I rely on a period of credit for administrative suspension by the Department of Motor Vehicles, pursuant to Virginia Code § 46.2- 391(B) (for third offense drunk driving) prior to adjudication:

10 Yes No If yes, period of suspension under § 46.2-391(B): 10 to 10]; and

(iv) I do not constitute a threat to the safety and welfare of myself or others with respect to the operation of a motor vehicle.

I request that the Court restore my privilege to operate a motor vehicle in the Commonwealth upon my evaluation by the Virginia Alcohol Safety Action Program.

Data Elements, page one of three

1. Court case number.
2. Court name.
3. Name and address of petitioner.
4. Information about petitioner.
5. Driver's license number of petitioner's last valid driver's license and state in which it was issued.
6. Hearing date and time.
7. Name of general district court which determined petitioner to be an habitual offender.
(Should be the same as Data Element No. 2.)
8. Date on which petitioner was determined to be an habitual offender.
9. Check the box for option A if it reflects the basis of the petition.
10. If the box for option A is checked, check appropriate box and enter dates of administrative suspension, if applicable.

1 **B.** Restricted Driver's License under Va. Code § 46.2-360(2) (Eligibility only after three (3) years from the date of your adjudication – unless you are entitled to credit under (iii) below.) I have been adjudged to be an habitual offender based in part on and dependent upon convictions of Va. Code § 18.2-266, § 18.2-51.4 or Subsection A of § 46.2-341.24 or valid local ordinance or law of another state or jurisdiction relating to operating a motor vehicle under the influence of intoxicants or drugs.

I represent that:

- (i) At the time of my convictions, I was addicted to or psychologically dependent on the use of alcohol or other drugs; and
- (ii) At this time I am no longer addicted to or psychologically dependent on the use of alcohol or other drugs; and
- (iii) At least *three* years have passed from the date on which I was adjudged to be and habitual offender

[For purposes of determining eligibility under this section, I rely on a period of credit for administrative suspension by the Department of Motor Vehicles, pursuant to Virginia Code § 46.2- 391(B) (for third offense drunk driving) prior to adjudication.

2 Yes No If yes, period of suspension under § 46.2-391(B):**2**..... to**2**.....]; and

- (iv) I do not constitute a threat to the safety and welfare of myself or others with respect to the operation of a motor vehicle; and

I request that the Court order the issuance of a restricted license to allow me to drive to and from work and during the course of my employment, upon evaluation by the Virginia Alcohol Safety Action Program.

3

4

NAME AND ADDRESS OF EMPLOYER

DAYS AND HOURS WORKED

1 **C.** Restoration under Va. Code § 46.2-361(A) (Eligibility only after three (3) years from the adjudication and after all fines, court costs, forfeitures, restitution, penalties and/or judgments have been paid in full.) I have been adjudged to be an habitual offender and such adjudication was not based on any drunk driving conviction(s), but was based *in part* and dependent upon a conviction of driving while my license or privilege to drive was suspended or revoked where the suspension or revocation was only for:

- failure to pay fines, costs, forfeitures, restitution and/or penalties; or
- failure to furnish proof of financial responsibility, or
- failure to satisfy a judgment.

I represent that:

- (i) At least *three* years have passed since the date of my adjudication to be an habitual offender.
- (ii) I do not constitute a threat to the safety and welfare of myself or others with respect to the operation of a motor vehicle.

1 **D.** Restoration under Va. Code § 46.2-361(B) (Immediate eligibility after all fines, court costs, forfeitures, restitution, penalties and judgments have been paid.) I have been adjudged to be an habitual offender based *entirely* upon convictions of driving while my license or privilege to drive was suspended or revoked where the suspension or revocation was only for:

- failure to pay fines, costs, forfeitures, restitution and/or penalties; or
- failure to furnish proof of financial responsibility;
- failure to pay uninsured motorist fee; or
- failure to satisfy a judgment.

I attach proof that all fines, costs, forfeitures, restitution, penalties and/or judgments have been paid in full, and

I attach proof of financial responsibility.

I attach proof of motor vehicle insurance or payment of uninsured motorist fee.

I represent that I do not constitute a threat to the safety and welfare of myself or others with respect to the operation of a motor vehicle. I request that the Court restore my privilege to operate a motor vehicle in the Commonwealth.

Data Elements, *page two of three*

1. Check box for option B, C, or D, if it reflects basis of the petition.
2. If the box for option B is checked, check appropriate box and enter dates of the administrative suspension, if applicable.
3. If the box for option B is checked, enter name and address of employer, if applicable.
4. If the box for option B is checked, enter days and hours worked at place of employment, if applicable.

- 1 { [] **E.** Restoration under Va. Code § 46.2-359 (Eligibility upon reaching eighteen years of age.) I have been adjudged to be an habitual offender based in whole or in part based on findings of not innocent while I was a juvenile. I am now eighteen years of age or older. I request that the Court restore my privilege to operate a motor vehicle in the Commonwealth.
- [] **F.** Restoration under Va. Code § 46.2-358 (Eligibility only five (5) years from the adjudication where adjudication was based on no drunk driving convictions.) I have been adjudged to be an habitual offender, and at least five years have passed since the date of such adjudication. I represent that I do not constitute a threat to the safety and welfare of myself or others with regard to the operation of a motor vehicle. I request that the Court restore my privilege to operate a motor vehicle in the Commonwealth.

I request that the Court hold a hearing on my petition. I understand that the hearing will be held no less than thirty (30) days from the date notice of this petition is served on the Commonwealth's Attorney and the Commissioner of the Department of Motor Vehicles.

I understand that the Commonwealth's Attorney and the Commissioner of the Department of Motor Vehicles may object to my petition and that the Court may deny my petition to restore my privilege to operate a motor vehicle in the Commonwealth, may deny the issuance of a restricted driver's license or may place conditions on my privilege to operate a motor vehicle.

..... **2**
DATE

_____ **3** _____
PETITIONER'S SIGNATURE

RETURN – COMMONWEALTH'S ATTORNEY:	
SERVED ON	4
	NAME
..... 5 .....	..... 6
DATE	SERVING OFFICER
FOR	7

RETURN – COMMISSIONER OF DMV:	
SERVED ON	8
	NAME
..... 9 .....	..... 10
DATE	SERVING OFFICER
FOR	11

Data Elements, page three of three

1. Check box for option E or F, if it reflects the basis of the petition.
2. Date signed by petitioner.
3. Petitioner's signature.
4. Name of Commonwealth's Attorney served.
5. Date served on Commonwealth's Attorney.
6. Name of serving officer.
7. Jurisdiction/agency. Name of sheriff if served by deputy sheriff.
8. Name of Commissioner of DMV served.
9. Date served on Commissioner of DMV.
10. Name of serving officer.
11. Jurisdiction/agency. Name of sheriff if served by deputy sheriff.

Using This Form

This form is required in all cases where a person adjudicated to be an habitual offender based on any conviction of DUI petitions to be restored to driving privileges.

The court may in its discretion order a representative of the VASAP program to appear and testify at the hearing on the petition for restoration (Data Element No. 11).

A copy of the completed form DC-485, PETITION FOR RESTORATION OF DRIVING PRIVILEGES – HABITUAL OFFENDER, should accompany this form when forwarded to the VASAP program.

ORDER FOR EVALUATION-HABITUAL OFFENDER

VA. CODE ANN. § 46.2-360

CASE NO. **1**.....

PETITIONER:

2..... General District Court
CITY OR COUNTY

4.....
LAST NAME, FIRST NAME, MIDDLE NAME

3.....
STREET ADDRESS OF COURT

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			
SSN									
VA. D.L.# (IF DIFFERENT FROM SSN)									

7

TO THE VIRGINIA ALCOHOL SAFETY ACTION PROGRAM OF

8.....
NAME OF PROGRAM AND LOCATION

Pursuant to Virginia Code § 46.2-360, you are hereby ORDERED to prepare and to file with a copy of this Order an evaluation of the Petitioner named in the attached petition for restoration of driving privileges, prior to **9**....., and to submit your recommendations to this Court on **10**.....
DATE HEARING DATE AND TIME

11
A representative of the above-named program [] is [] is not ordered to appear at the hearing and present the program's recommendations regarding the Petitioner.

You are further ORDERED to send a copy of your written evaluation to the Petitioner, at the address indicated on the attached petition.

12.....
DATE

13
JUDGE

Data Elements

1. Court case number.
2. Court name.
3. Court address.
4. Petitioner's name.
5. Information about the petitioner.
6. Petitioner's social security number.
7. Driver's license number of petitioner's last valid driver's license, if different from Data Element No. 6.
8. Name and address of VASAP program to which petitioner is referred for evaluation.
9. Date by which report to be submitted.
10. Date and time of hearing on petitioner's request for restoration of driving privileges.
11. Check appropriate box.
12. Date signed by judge.
13. Judge's signature.

Using This Form

This form may be used by the court after conducting a hearing on a petition for restoration of driving privileges. The court may record its findings and impose any conditions which are deemed appropriate, if petitioner's privilege to drive is restored.

If a restricted driver's license is granted, form DC-265, RESTRICTED DRIVER'S LICENSE ORDER, should be used. If ignition interlock is ordered, both the DC-265 and the DC-266, IGNITION INTERLOCK ORDER, should be used.

A petitioner who is granted a restricted driver's license or who is restricted to the operation of a vehicle equipped with ignition interlock shall be subject to supervision of VASAP during the period of the restriction.

An authenticated copy of the order should be mailed or faxed to DMV whether the court grants the petition or not.

**ORDER RESTORING DRIVING PRIVILEGE –
HABITUAL OFFENDER**

Commonwealth of Virginia VA. CODE §§ 46.2-358; -359; -360; -361

Case No. 1

2
.....
CITY OR COUNTY

General District Court

3
.....
PETITIONER'S NAME

3
.....
ADDRESS

4 COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			
D.L. #							STATE		
5									

ON THE PETITION FOR RESTORATION OF DRIVING PRIVILEGE, AND ON THE EVIDENCE HEARD, INCLUDING THE EVALUATION OF THE VIRGINIA ALCOHOL SAFETY ACTION PROGRAM, IF APPLICABLE, THE COURT FINDS THAT:

The Petitioner was adjudged to be an habitual offender by this Court on 6
DATE

AND THAT:

7 [] **A.** (Va. Code § 46.2-360(1)) The Petitioner has been adjudged to be an habitual offender based in part on and dependent upon convictions of Va. Code § 18.2-266, § 18.2-51.4 or Subsection A of § 46.2-341.24 or valid local ordinance or law of another state or jurisdiction relating to operating a motor vehicle under the influence of intoxicants or drugs, and:

- (i) At the time of the previous convictions, Petitioner was addicted to or psychologically dependent on the use of alcohol or other drugs; and
- (ii) At this time he is no longer addicted to or psychologically dependent on the use of alcohol or other drugs; and
- (iii) *Five* years have passed from the date on which Petitioner was adjudged to be an habitual offender
[A period of credit is included for an administrative suspension by the Department of Motor Vehicles pursuant to Virginia Code § 46.2-391(B) (for third offense drunk driving) prior to adjudication.
- 8** [] Yes [] No If yes, period of suspension under § 46.2-391(B): to]; and
- (iv) That Petitioner does not constitute a threat to the safety and welfare of himself or others with respect to the operation of a motor vehicle.
- (v) That the Court has reviewed the evaluation of the Petitioner prepared by the Virginia Alcohol Safety Action Program and considered its recommendations.

Data Elements, page one of three

1. Court case number.
2. Court name.
3. Petitioner's name and address.
4. Information about petitioner.
5. Insert driver's license number of petitioner's last valid driver's license and state in which it was issued.
6. Date on which petitioner was adjudged to be a habitual offender.
7. Check box "A" if appropriate.
8. Check box if applicable, and enter the dates of the administrative suspension.

- 1** **B.** (Va. Code § 46.2-360(2)) The Petitioner has been adjudged to be an habitual offender based in part on and dependent upon convictions of Va. Code § 18.2-266, § 18.2-51.4 or Subsection A of § 46.2-341.24 or valid local ordinance or law of another state or jurisdiction relating to operating a motor vehicle under the influence of intoxicants or drugs, and:
- (i) At the time of the previous convictions, Petitioner was addicted to or psychologically dependent on the use of alcohol or other drugs; and
 - (ii) At this time he is no longer addicted to or psychologically dependent on the use of alcohol or other drugs; and
 - (iii) *Three* years have passed from the date on which Petitioner was adjudged to be an habitual offender
[A period of credit is included for an administrative suspension by the Department of Motor Vehicles pursuant to Virginia Code § 46.2-391(B) (for third offense drunk driving) prior to adjudication.
- 2** Yes No If yes, period of suspension under § 46.2-391(B): to]; and
- (iv) Petitioner does not constitute a threat to the safety and welfare of himself or others with respect to the operation of a motor vehicle; and
 - (v) The Court has reviewed the evaluation of the Petitioner prepared by the Virginia Alcohol Safety Action Program and considered its recommendations.

- 1** **C.** (Virginia Code § 46.2-361(A)) The Petitioner has been adjudged to be an habitual offender and such adjudication was not based on any drunk driving conviction(s), but was *based in part* and dependent upon convictions of driving while his license or privilege to drive was suspended or revoked where the suspension or revocation was only for:
- failure to pay fines, costs, penalties, forfeitures and/or restitution; or
 - failure to furnish proof of financial responsibility, or
 - failure to satisfy a judgment; and
- (i) All fines, costs, penalties, forfeitures, restitution and/or judgments have been paid in full; and
 - (ii) Petitioner has demonstrated proof of financial responsibility; and
 - (iii) *Three* years have passed since the date of Petitioner's adjudication to be an habitual offender; and
 - (iv) Petitioner does not constitute a threat to the safety and welfare of himself or others with respect to the operation of a motor vehicle.

- 1** **D.** (Virginia Code § 46.2-361(B)) The Petitioner has been adjudged to be an habitual offender *based entirely* upon convictions of driving while his license or privilege to drive was suspended or revoked where the suspension or revocation was only for:
- failure to pay fines, costs, penalties, forfeitures and/or restitution; or
 - failure to furnish proof of financial responsibility,
 - failure to pay uninsured motorist fee; or
 - failure to satisfy a judgment; and
- (i) All fines, costs, forfeitures, restitution, penalties and/or judgments have been paid in full; and
 - (ii) Petitioner has demonstrated proof of financial responsibility;
 - (iii) Petitioner has demonstrated motor vehicle insurance or payment of uninsured motorist fee; and
 - (iv) Petitioner does not constitute a threat to the safety and welfare of himself or others with respect to the operation of a motor vehicle.

Data Elements, *page two of three*

1. Check box for option B, C, or D, if applicable.
2. Check box if applicable, and enter dates of the administrative suspension.

- 1 **E.** (Virginia Code § 46.2-359) The Petitioner has been adjudged to be an habitual offender in whole or in part based on findings of not innocent while Petitioner was a juvenile, and Petitioner is now eighteen years of age or older.
- 1 **F.** (Virginia Code § 46.2-358) The Petitioner has been adjudged to be an habitual offender and such adjudication was not based on any drunk driving conviction(s), and five years have passed since the date of such adjudication, and Petitioner does not constitute a threat to the safety and welfare of himself or others with regard to the operation of a motor vehicle.
- 1 **G.** The Petitioner has not demonstrated sufficient evidence to support the granting of his petition to have his privilege to drive in the Commonwealth restored.

IT IS THEREFORE ORDERED THAT:

- 2 Petitioner’s privilege to drive a motor vehicle in the Commonwealth is restored under the Habitual Offender Act, subject to any other requirements for restoration under other provisions of law.
- 3 Petitioner’s privilege to drive a motor vehicle in the Commonwealth is restored subject to the following special conditions:

- 4 Petitioner is granted a restricted license to drive a motor vehicle in the Commonwealth, until
 for the purposes enumerated in the restricted driver’s license, during which time he shall be subject to the supervision of the Virginia Alcohol Safety Action Program.
- 5 Travel to/from work 6 Travel to/from VASAP 7 Travel during work 8 Travel to/from school
- 9 Medically necessary travel 10 Travel to/from day care/school/medical service facility for child 11 Ignition interlock
- 12 Travel to/from court-ordered visitation with child
- 13 Travel to/from appointments with probation officer
- 14 Travel to/from programs required by court or as condition of probation
- 15 Travel to/from place of religious worship
- 16 Travel to/from approved appointments in court-ordered intensive case monitoring child support program
- 17 Travel to/from jail to serve jail sentence on weekends or nonconsecutive days.
- 18 The petition to restore driving privileges in the Commonwealth is denied.

.....
19
 DATE

.....
20
 JUDGE

Data Elements, page three of three

1. Check box option E, F, or G, if applicable.
2. Check if driving privileges are restored.
3. Check if driving privileges are restored subject to special conditions. Describe special conditions; Data Element Nos. 5-16 may be checked if applicable.
4. Check if the petitioner is granted a restricted driver's license for a specific period, and insert the date on which the restriction expires.
5. Check if travel to and from work is authorized.
6. Check if travel to and from VASAP is authorized.
7. Check if travel during hours of employment is authorized.
8. Check if travel to and from school is authorized.
9. Check if travel to and from necessary medical treatment is authorized.
10. Check if travel to and from day care, school or medical service facility for a child under the petitioner's care is authorized.
11. Check if petitioner is only authorized to operate a motor vehicle equipped with ignition interlock.
12. Check if travel to/from court-ordered visitation with child is authorized.
13. Check if travel to/from appointments with probation officer is authorized.
14. Check if travel to/from program required by court or as condition of probation is authorized.
15. Check if travel to/from place of religious worship is authorized.
16. Check if travel to/from approved appointments in court-ordered intensive case monitoring child support program is authorized.
17. Check if travel to/from jail to serve jail sentence on weekends or nonconsecutive days is authorized.
18. Check if the petition is denied.
19. Date signed by judge.
20. Judge's signature.

Using This Form

1. Copies
 - a. Original – to court.
 - b. Second copy – to respondent (patient).
 - c. To licensed physician conducting evaluation.
2. Prepared by magistrate.
3. Attachments – none.
4. Preparation details –

Upon completion of the evaluation, the transporting officer transports the respondent back home if the licensed physician finds that the respondent does not meet the criteria for detention.

MEDICAL EMERGENCY CUSTODY ORDER

Commonwealth of Virginia VA. CODE § 37.2-1103

Case No. 1

General District Court

Circuit Court

2

3

NAME AND ADDRESS OF RESPONDENT

RESPONDENT'S DESCRIPTION

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			

SSN

4

TO ANY AUTHORIZED OFFICER OF:

5

Based upon facts presented by:

6

LICENSED PHYSICIAN

the undersigned magistrate finds good cause for the respondent to be taken into custody and transported to a hospital for testing, observation, or treatment pursuant to § 37.2-1103, based upon the above-named licensed physician's opinion that the respondent is incapable of making an informed decision as a result of a physical injury or illness regarding any testing, observation or treatment required and the medical standard of care indicates that testing, observation and treatment are necessary to prevent imminent and irreversible harm.

Prior to making the above finding, the undersigned judicial officer has ascertained that there is no legally authorized person available to give consent to necessary treatment for the adult person and that the person (i) is incapable of making an informed decision regarding obtaining necessary treatment, (ii) has refused transport to obtain such necessary treatment, (iii) has indicated an intention to resist such transport, and (iv) is unlikely to become capable of making an informed decision regarding obtaining necessary treatment within the time required for such decision.

THEREFORE, you are commanded to take the respondent into custody and transport the respondent to the location listed below for evaluation by a licensed physician. The respondent shall remain in custody until a judicial officer issues a temporary detention order or until the physician determines that the respondent does not meet the requirements of § 37.2-1104. The period of custody may not exceed four hours from the time that this order is executed. If this order is not executed within four hours of the time of issuance, the order is void. If the order becomes void for lack of timely execution, it must be returned to the office of the clerk of the issuing court, or, if such office is not open, to any judge or magistrate serving that court.

7

PRESENT LOCATION OF RESPONDENT

8

NAME AND ADDRESS OF LOCATION FOR EVALUATION

TO THE PERSON CONDUCTING THE EVALUATION:

Virginia Code § 37.2-1103 requires that you immediately evaluate the respondent pursuant to this order. Upon completion of your evaluation, promptly report the results of your evaluation to the appropriate judicial officer.

9

DATE AND TIME OF ISSUANCE

10

MAGISTRATE

EXECUTED by taking the respondent into custody this day:

11

DATE AND TIME

12

OFFICER TAKING RESPONDENT INTO CUSTODY

13

BADGE NO., AGENCY AND JURISDICTION

for

14

SHERIFF

Respondent evaluation completed:

15

DATE AND TIME

16

OFFICER TAKING RESPONDENT INTO CUSTODY

By:

17

NAME

18

TITLE

Data Elements

1. Insert court case number.
2. Insert court name. Check appropriate box.
3. Insert name and permanent address of respondent (patient).
4. Insert information describing the respondent. Include social security number if known.
5. Insert the name of the officer's law enforcement agency.
6. Insert name of licensed physician who is initiating the petition for emergency custody.
7. Insert current location of respondent.
8. Insert name and address of location where evaluation will occur.
9. Insert date and time when this order is issued.
10. Signature of magistrate.
11. Insert date and time respondent taken into custody.
12. Signature of officer executing this order.
13. Insert badge number, agency and jurisdiction that employs the officer.
14. If executed by deputy sheriff, print or type name of sheriff.

The following information is completed on the first and third copies.

15. Insert date and time respondent evaluation is complete.
16. Insert name of officer who has custody of respondent.
17. Insert name of person performing evaluation.
18. Insert title of person performing evaluation.

Using This Form

1. Copies
 - a. Original – to court.
2. Prepared by physician. See Using This Form, 4.a.
3. Attachments
 - a. Form DC-490, MEDICAL EMERGENCY TEMPORARY DETENTION ORDER
4. Preparation details –
 - a. The petition either is completed by the physician at the hospital emergency room or is given orally by the physician to the judge or magistrate, who transcribes the petition. If completed by the physician, Data Elements Nos. 13 and 14 are completed. If given orally to a judge or magistrate, Data Elements Nos. 15, 16, and 17 are completed.
 - b. Either Data Element Nos. 8 or 9 should be completed, but not both data elements.

**MEDICAL EMERGENCY
TEMPORARY DETENTION PETITION**

Case No. **1**

Commonwealth of Virginia VA. CODE §§ 37.2-1104; 53.1-40.1(F)

..... **2**
CITY OR COUNTY [] General District Court
[] Circuit Court

3 **4**
NAME OF RESPONDENT ADDRESS OF RESPONDENT

I, **5** , a licensed physician, state that:
NAME OF PHYSICIAN

I attempted to obtain consent of the above-named respondent for treatment of the following physical or mental disorder
6

The respondent is within the jurisdiction of the above-named court at
7
NAME AND ADDRESS OF FACILITY

To the best of my knowledge, the respondent is incapable of making an informed decision, or is incapable of communicating such a decision, on treatment of the above-described physical or mental disorder because of:

[] the following physical or mental disorder: **8**
[] an undiagnosed physical or mental disorder whose symptoms are:
9

I understand that a person with dysphasia or other communications disorders who is mentally competent and able to communicate shall not be considered incapable of giving informed consent by law and this respondent is not such a person to the best of my knowledge.

The medical standard of care calls for the following testing, observation or treatment of the above-described physical or mental disorder within the next [] twenty-four (24) hours (§ 37.2-1104) [] twelve (12) hours (§ 53.1-40.1(F)) to prevent death, disability or a serious irreversible condition:

10
.....
.....

(Check and complete if applicable)

11 [] The respondent does not desire testing, observation or treatment because of the following religious practices:

.....

12 [] Family member objections are:

.....

13
DATE AND TIME

14
PHYSICIAN'S SIGNATURE

15 [] Oral petition by the above-named physician, who agreed with this transcription when it was read back to him or her.

16
DATE AND TIME

17
SIGNATURE OF JUDICIAL OFFICER

Data Elements

1. Court case number.
2. Court name. Check the appropriate box.
3. Name of patient who is the subject of the petition.
4. Address of patient (if known).
5. Name of physician – petitioner.
6. Description of physical or mental disorder.
7. Name and address of the medical facility where the patient is located when the petition is filed.
8. Check the first box if the physical or mental disorder is known and describe the condition.
9. Check the box if the physical or mental disorder has not yet be diagnosed and describe the symptoms.
10. Describe the testing, observation or treatment that is sought to be authorized through this case and check to indicate the statutory basis and the applicable time period.
11. Check if the patient objects to the testing, observation or treatment for religious reasons, and then describe the religious practices that cause the objection.
12. Check if the patient’s family members object to the testing, observation or treatment, and then describe the objections.
13. Date and time of signing of petition by physician. See Using This Form, 4.a.
14. Signature of physician. See Using This Form, 4.a.
15. Check this box if the physician agrees with the contents of this petition when the magistrate read the transcription back to him or her, if applicable.
16. Date and time that contents were dictated orally by physician. See Using This Form, 4.a.
17. Signature of judicial officer taking oral petition. See Using This Form, 4.a.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First certified copy – to respondent.
 - c. Second certified copy – to respondent’s next of kin, as required.
2. Prepared and signed by any person. Certification of delivery or mailing of copies by court or petitioner.
3. Attachments

If Data Element No. 8 box is checked, then DC-490 MEDICAL EMERGENCY TEMPORARY DETENTION ORDER and, if available, underlying DC-489 MEDICAL EMERGENCY TEMPORARY DETENTION PETITION.

4. Preparation details
 - a. As outlined in Data Element No. 8, this may serve as the petition for extension of previously entered medical emergency temporary detention order (Virginia Code § 37.2-1104).
 - b. The petitioner or the court must deliver or send a certified copy of the petition to the person for whom treatment is sought and, if the identity and whereabouts of the person’s next of kin are known, to the next of kin. Virginia Code § 37.2-1101.
 - c. If the person for whom treatment is sought is a patient in a hospital or an individual receiving services in any facility operated by the Department of Behavioral Health and Developmental Services and such person has no known guardian or legally authorized representative at the time petition is filed, the court, in its discretion, need not require notice to the person’s next of kin. Virginia Code § 37.2-1101.

**MEDICAL TREATMENT
AND DETENTION PETITION**

Commonwealth of Virginia VA. CODE §§ 37.2-1100, -1101, -1104

Case No. **1**

Circuit Court
 General District Court

2
CITY OR COUNTY

3
NAME OF RESPONDENT

4
ADDRESS OF RESPONDENT

1. CHECK ONE

5 **A.** I respectfully petition this court to authorize treatment for a mental or physical disorder on behalf of respondent and state that:

The respondent is an adult in need of treatment of the following physical or mental disorder or impairment:

6

It is my opinion that the respondent is incapable of making an informed decision on the treatment of the above-described mental or physical disorder, or is physically or mentally incapable of communicating such a decision on the treatment of the above-described physical or mental disorder because of the following:

7 physical or mental disorder or impairment: **7**

The proposed treatment is in the best interest of the respondent.

The respondent is residing or is located in this city or county, or the proposed place of treatment is located in this city or county.

I understand that a person with dysphasia or other communication disorder who is mentally competent and able to communicate shall not be considered incapable of giving informed consent by law and that the respondent is not such a person to the best of my knowledge.

OR

8 **B.** I respectfully petition this court to authorize continued treatment for a mental or physical disorder on behalf of respondent as an extension of the court's prior authorization of temporary detention of the respondent for testing, observation or treatment pursuant to Va. Code § 37.2-1104. As such, facts previously alleged are attached and incorporated herein and I further state that:

8

9 2. The respondent is is not a patient in a hospital or an individual receiving services in a facility operated by the Department of Behavioral Health and Developmental Services.

10 3. To the best of my knowledge, the respondent has does not have a guardian or legally authorized representative.

4. In my opinion, and the respondent is unlikely to become capable of making an informed decision or of communicating an informed decision within the time required for decision.

11
DATE

12
PETITIONER

13
PRINT NAME

14
ADDRESS/TELEPHONE NUMBER OF PETITIONER

NOTICE: Judicial authorization for treatment is not required for a person for whom consent or authorization has been granted or issued or may be obtained in accordance with the Health Care Decisions Act, Va. Code §§ 54.1-2981 to 54.0-2993.

15 I certify that I have delivered or mailed the respondent and, as whereabouts are known, the respondent's next of kin a certified copy of this petition.

16 Respondent is a patient in a hospital or an individual receiving services in a facility operated by the Department of Behavioral Health and Developmental Services and such person has no known guardian or legally authorized representative. I certify that I have delivered or mailed the respondent a certified copy of this petition.

17
DATE

18
 CLERK PETITIONER

Data Elements

1. Court case number.
2. Court name. Check the appropriate box.
3. Name of person who is the subject of the petition (respondent).
4. Address of person (if known).
5. Check this box if request for court ordered medical treatment does not involve an extension of a previously entered medical emergency temporary detention court order.
6. Description of mental or physical disorder for which medical treatment is needed.
7. Check the box to indicate that person for whom medical treatment is sought is rendered incapable of making a decision concerning treatment, or communicating such a decision, because of a physical or mental disorder or impairment. Provide a description of such physical or mental disorder or impairment in the blank that follows.
8. Check the box to indicate that person for whom medical treatment is sought was the subject of a previously entered medical emergency temporary detention court order and the petition is for an extension of that order. Provide any additional facts that support the authorization of this petition.
9. Check appropriate box.
10. Check appropriate box.
11. Date of petitioner's signature.
12. Petitioner's signature.
13. Print name of Petitioner.
14. Address and telephone number of petitioner.
15. Check this box to indicate certified copies were delivered or mailed to the person for whom treatment is sought and the respondent's next of kin.
16. Check this box to indicate that a certified copy was delivered or mailed to the person for whom treatment is sought and that the court has waived the requirement that the next of kin be notified of the petition for the reasons stated therein.
17. Date of certification of delivery or mailing of copies.
18. Signature of certifying court officer or petitioner.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to petitioning physician.
 - c. Second copy – to patient.
2. Prepared and signed by judge, special justice, or magistrate.
3. Attachments
 - a. Form DC-489, MEDICAL EMERGENCY TEMPORARY DETENTION PETITION (to court copy only).
4. Preparation details
 - a. Complete either Data Element No. 10 or 11, but not both data elements.
 - b. Complete either Data Element No. 15 or 16, but not both data elements.
 - c. Data Element No. 16 may authorize less than the requested authorization shown in Data Element No. 12.

**MEDICAL EMERGENCY
TEMPORARY DETENTION ORDER**

Commonwealth of Virginia VA. CODE §§ 37.2-1104; 53.1-40.1(F)

Case No. 1

- General District Court
- Circuit Court

2

CITY OR COUNTY

3

NAME OF RESPONDENT

4

ADDRESS OF RESPONDENT

5 Original Order Modified Order Termination Order

Upon information and advice given to the undersigned judge or magistrate in writing orally by

7

NAME OF PHYSICIAN

, a licensed physician, who stated that he attempted to obtain consent of the above-named respondent for treatment of the following mental or physical disorder:

8

The physician further stated that:

1. The above-named respondent is an adult who is within the jurisdiction of the above-named court.

9

NAME AND ADDRESS OF FACILITY

2. To the best of his or her knowledge, the above-named respondent is incapable of giving informed consent to treatment of the above-described mental or physical disorder because of:

10 the following physical or mental disorder:

11 an undiagnosed physical or mental disorder whose symptoms are:

3. He or she understood that a person with dysphasia or other communication disorders who is mentally competent and able to communicate shall not be considered incapable of giving informed consent by law and this patient is not such a person to the best of his or her knowledge.

12 4. The medical standard of care calls for the following testing, observation or treatment of the above-described injury or illness within the next twenty-four (24) hours (§ 37.2-1104) twelve (12) hours (§ 53.1-40.1(F)) to prevent death, disability or a serious irreversible condition:

12

Check and complete if applicable:

13 The patient does not desire testing, observation or treatment because of the following religious practices:

14 Family member objections are:

After considering these statements and taking into consideration all above-described recognized religious practices (if any) and family objections (if any)

15 I do not find probable cause to believe that the statutory requirements for the issuance of this order have been met.

16 I find probable cause to believe the above statements and to believe that the statutory requirements for the issuance of this order have been met, and I authorize for a period not to exceed twenty-four (24) hours twelve (12) hours:

--- temporary detention of the above-described patient by a hospital emergency room or other appropriate facility, and

testing, observation or treatment described above.

16 OR

the following testing, observation or treatment

17 I order the termination of authorization previously ordered in this case based on information from

specifically

18

DATE AND TIME

19

JUDGE SPECIAL JUSTICE MAGISTRATE

SEE WARNINGS AND NOTICES ON PAGE TWO OF TWO

Data Elements

1. Court case number.
2. Court name. Check the appropriate box.
3. Name of patient who is the subject of the petition.
4. Address of patient (if known).
5. Check the appropriate box.
6. Check whether oral or written petition was made.
7. Name of physician – petitioner.
8. Description of mental or physical disorder.
9. Name and address of the medical facility where the patient is located when the petition was filed.
10. Check this box if the condition is known and describe the condition.
11. Check this box if the condition has not yet be diagnosed and describe the symptoms.
12. Check the box that corresponds to the applicable time period and describe the testing, observation or treatment that is sought to be authorized in this order.
13. Check if the patient objects to the testing, observation or treatment for religious reasons, then describe the religious practices that cause the objection.
14. Check if the patient’s family members object to the testing, observation or treatment, then describe the objections.
15. Check if probable cause for issuance of the Order has not been found.
16. Check the first box if probable cause for issuance of the Order has been found, then check and complete, as applicable, the authorized testing, observation and/or treatment.
17. If this Order is issued to terminate a previously issued Order, check this box, describe the source of information leading to termination, and describe the information that caused termination.
18. Date and time of issuance.
19. Signature of person issuing this Order. Check the applicable title box.

WARNINGS AND NOTICES

If, before completion of authorized testing, observation or treatment, the physician determines that a person subject to this order has become capable of giving consent, the physician shall rely on the person's decision of whether to consent to further observation, testing or treatment. If, before issuance of this order or during its period of effectiveness, the physician learns of objection by a member of the person's immediate family to the testing, observation or treatment, he shall notify the court or magistrate, who shall consider the objection in determining whether to issue, modify or terminate the order. A person with dysphasia or other communications disorder who is mentally competent and able to communicate shall not be considered incapable of giving informed consent.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to petitioner.
 - c. Second copy – to respondent/patient.
2. Prepared and signed by judge or special justice.
3. Attachments
 - a. Form DC-489(A), MEDICAL TREATMENT AND DETENTION PETITION.
4. Preparation details – This form may be used for judicial authorization of medical treatment and detention.

MEDICAL TREATMENT AND DETENTION ORDER

Commonwealth of Virginia VA. CODE § 37.2-1101

Case No. 1

Circuit Court
 General District Court

2

3

NAME AND ADDRESS OF RESPONDENT

4 Original Order Modified Order Termination Order

Based upon the evidence presented at a hearing held pursuant to § 37.2-1101, the Court finds by clear and convincing evidence that the respondent is either incapable of making an informed decision on the respondent's own behalf or is incapable of communicating such a decision due to a physical or mental disorder and the proposed treatment is in the best interest of the respondent.

The Court further finds (1) that there is no available person with legal authority under Article 8 (§ 54.1-2981 et seq.) of Chapter 29 of Title 54.1, under the regulations promulgated pursuant to § 37.2-400, or under other applicable law to authorize the proposed treatment; (2) that the respondent for whom treatment is sought is incapable of making an informed decision regarding treatment or is physically or mentally incapable of communicating such a decision; (3) that the respondent is unlikely to become capable of making an informed decision or communicating an informed decision within the time required for decision; (4) that the proposed treatment is in the best interest of the respondent and is medically and ethically appropriate with respect to (i) the medical diagnosis and prognosis and (ii) any other information provided by the attending physician of the respondent for whom treatment is sought, with consideration by the Court of the right of the respondent to rely on nonmedical, remedial treatment in the practice of religion in lieu of medical treatment.

Although the Court finds that a proposed treatment

5 is contrary to the provisions of an advance directive executed by the person pursuant to § 54.1-2983
 has been proven by a preponderance of the evidence to be contrary to the respondent's religious beliefs or basic values or to specific preferences stated by the person before becoming incapable of making an informed decision,

the treatment is necessary to prevent death or a serious irreversible condition.

THEREFORE,

6 by this ORDER, the Court AUTHORIZES the following treatment:

7 by this ORDER, the Court MODIFIES authorization previously ordered in the case based upon the petition of an interested party the receipt of a report to the court by the treating physician or other service provider of change in circumstances regarding the previously authorized treatment or related services that indicate that such authorization is no longer in the person's best interest as follows:

8

9 the Court ORDERS the TERMINATION of authorization previously ordered in the case based upon the petition of an interested party the receipt of a report to the court by the treating physician or other service provider of change in circumstances regarding the previously authorized treatment or related services that indicate that such authorization is no longer in the person's best interest.

TO THE TREATING PHYSICIAN:

You shall review and document the appropriateness of the continued administration of any antipsychotic medications not less frequently than every 30 days.

TO THE TREATING PHYSICIAN OR OTHER SERVICE PROVIDER:

You shall report to the court and the respondent's attorney any change in the respondent's condition resulting in probable restoration or development of the respondent's capacity to make and to communicate an informed decision prior to completion of any authorized treatment and related services.

10 You shall also report to the court and the respondent's attorney any change in circumstances regarding any authorized treatment or related services that may indicate that such authorization is no longer in the person's best interests.

11

DATE

12

JUDGE SPECIAL JUSTICE

Data Elements

1. Court case number.
2. Court name. Check the appropriate box.
3. Name of person who is the subject of the petition (respondent).
4. Check the appropriate box.
5. Check the appropriate box.
6. Check this box to indicate court authorizes treatment by this order. Describe the authorized treatment or related services.
7. Check this box to indicate court modifies authorization previously ordered, and then check appropriate box describing the basis of modification of authorization.
8. Describe the modification of authorized treatment or related services.
9. If court orders the termination of authorization, check this box, and then check the appropriate box describing the basis of termination of authorization.
10. Check this box if physician is to report any change in circumstances regarding authorized treatment or related services that may indicate such authorization is no longer in the person's best interest.
11. Date of signature.
12. Signature of judge or special justice. Check appropriate title box.

Using This Form

1. Copies
 - a. Original – to court.
 - b. Second copy – to respondent (patient), if possible.
 - c. To licensed physician conducting evaluation, if possible.
2. Prepared by physician or magistrate, if request made by oral petition.
3. Attachments – none.
4. Preparation details –

If the petition is taken by phone, the magistrate must read the transcription of the petition back to the physician and indicate a date and time that the physician agreed to the transcription and insert his or her signature. The magistrate should print the physician's name in the signature blank for the physician.

MEDICAL EMERGENCY CUSTODY PETITION

Commonwealth of Virginia VA. CODE § 37.2-1103

Case No. **1**

General District Court
 Circuit Court

2
CITY OR COUNTY

3
NAME OF RESPONDENT ADDRESS OF RESPONDENT

I, **4** , a licensed physician, state that:
NAME OF PHYSICIAN

I have communicated with the emergency medical services personnel on the scene and attempted to communicate with the respondent to obtain information and medical data concerning the cause of the respondent's incapacity.

I attempted to obtain consent of the respondent for treatment of the following mental or physical disorder

5
and have failed to obtain such consent.

The respondent is within the judge's or magistrate's jurisdiction at

6
NAME AND ADDRESS OF LOCATION OF RESPONDENT

In my opinion, the respondent is incapable of making an informed decision on treatment of the above-described mental or physical disorder, has refused transport to obtain treatment, has indicated an intention to resist transport, and is unlikely to become capable of making an informed decision on obtaining necessary treatment within the time required for such decision because of:

7 the following physical injury or illness:

8 an undiagnosed physical injury or illness whose symptoms are:

I understand that a person with dysphasia or other communication disorder who is mentally competent and able to communicate shall not be considered incapable of giving informed consent by law and the respondent is not such a person to the best of my knowledge.

The medical standard of care indicates that the following testing, observation or treatment of the above-described disorder should be provided to prevent imminent and irreversible harm:

9
.....
.....

(Check and complete if applicable)

10 The respondent does not desire testing, observation or treatment because of the following religious beliefs or basic values:

.....

11
DATE AND TIME

12
PHYSICIAN'S SIGNATURE

13 Oral petition by above-named physician, who agreed with this transcription when it was read back to him.

14
DATE AND TIME

15
SIGNATURE OF MAGISTRATE

Data Elements

1. Insert court case number.
2. Insert court name. Check appropriate box.
3. Insert name and permanent address of patient/respondent.
4. Insert name of licensed physician who is initiating the petition for emergency custody.
5. Describe the injury or illness.
6. Insert current location of patient.
7. Check this box and indicate a known physical or mental condition that is making the respondent unable or unwilling to consent to treatment.
8. Check this box and insert the symptoms of an unknown physical or mental condition that is making the respondent unable or unwilling to consent to treatment.
9. Insert a description of the testing, observation or treatment needed to prevent imminent and irreversible harm.
10. Check box and indicate the religious practices of the respondent that are the basis for his or her desire not to receive treatment.
11. Insert date and time when the petition is signed or requested.
12. Signature or printed name of the physician requesting Medical Emergency Custody Order. See Preparation Details under Using This Form.
13. Check this box if the physician agrees with the contents of this petition when the magistrate read the transcription back to him or her, if applicable.
14. Insert date and time when the magistrate read the transcription of the petition and it was agreed to by the physician, if applicable.
15. Signature of magistrate taking the oral petition, if applicable.

Using This Form

1. Copies
 - a. Original – to court.
 - b. Second copy – to respondent.
 - c. Additional copy – to community service board evaluator conducting evaluation.
2. Prepared by magistrate, judge or special justice. Judges and special justices may issue this order only pursuant to Virginia Code § 19.2-182.9 or § 37.2-817.2.
3. Attachments – form DC-4000, ORDER FOR ALTERNATIVE TRANSPORTATION PROVIDER, only if it is ordered that the respondent is to be transported to the facility by an alternative transportation provider.

EMERGENCY CUSTODY ORDER

Commonwealth of Virginia VA. CODE §§ 37.2-808, 19.2-182.9; § 37.2-817.2

Case No. 1

2 [] Circuit Court [] General District Court

3
NAME AND ADDRESS OF RESPONDENT

TO ANY AUTHORIZED OFFICER OF:

4

This emergency custody order is hereby issued

- 5 [] upon motion of the undersigned [] upon a sworn petition
- 7 [] and facts presented by 6

NAME TELEPHONE NUMBER

based upon probable cause to believe that the respondent:

- [] pursuant to § 37.2-808, is incapable of volunteering or unwilling to volunteer for treatment, has a mental illness and is in need of hospitalization or treatment, and there exists a substantial likelihood that, as a result of mental illness, the respondent will, in the near future, cause serious physical harm to self or others as evidenced by recent behavior causing, 9 attempting, or threatening harm and other relevant information OR suffer serious harm due to respondent's lack of capacity to protect self from harm or to provide for respondent's own basic human needs.
- [] pursuant to § 19.2-182.9, is an acquittee on conditional release, and has violated the conditions of release or is no longer a proper subject for conditional release, and requires inpatient hospitalization.
- 10 [] The respondent failed to appear for a hearing on 10 to review a [] mandatory outpatient treatment plan [] discharge plan pursuant to § 37.2-817.2. DATE

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			
SSN <u>8</u>									
DL#							STATE		

THEREFORE, you are commanded to execute this order, take the respondent into custody and

- 11 [] transport the respondent to the location listed below for evaluation by a person designated by the community services board or behavioral health authority who is skilled in the diagnosis and treatment of mental illness and who has completed a certification program approved by the Department of Behavioral Health and Developmental Services in order to assess the need for hospitalization or treatment.
- 12 [] transfer custody of the respondent to the alternative transportation provider, DC-4000, ORDER FOR ALTERNATIVE TRANSPORTATION PROVIDER, is attached.

Custody of the respondent may be transferred pursuant to § 37.2-808(E). The respondent shall remain in custody until a temporary detention order is issued, until the evaluator finds that the respondent does not meet the criteria for detention, or until this emergency custody order expires. If the undersigned judicial officer issues this order pursuant to § 19.2-182.9, the period of custody may not exceed eight hours from the time that you execute this order. If the undersigned judicial officer issues this order pursuant to § 37.2-808, then (1) the order is void if not executed within eight hours of the time of issuance and (2) the order is valid for a period not to exceed eight hours from the time of execution. If the order becomes void for lack of timely execution, pursuant to § 37.2-808(J), a law-enforcement officer must return the order to the office of the clerk of the issuing court, or, if such office is not open, to any judge or magistrate serving that court.

13
CURRENT LOCATION OF RESPONDENT

14
NAME AND ADDRESS OF LOCATION FOR EVALUATION OR EXAMINATION

- 15 [] Transport the respondent to the medical facility (specified below) to obtain the following:
 - 16 [] emergency medical evaluation or treatment, before transporting the respondent to the above specified location for evaluation.
 - 17 [] a medical evaluation, before transporting the respondent to a hospital at which the respondent may be admitted for detention if a physician at that hospital requires a medical evaluation of the respondent prior to the admission.

18
NAME AND ADDRESS OF MEDICAL EVALUATION FACILITY

TO THE PERSON CONDUCTING THE MENTAL HEALTH EVALUATION:

Virginia Code § 37.2-808 and § 19.2-182.9 require that you evaluate the respondent pursuant to this order. Upon completion of your evaluation, promptly report the results of your evaluation to the appropriate judicial officer.

TO THE PERSON PROVIDING EMERGENCY MEDICAL EVALUATION OR TREATMENT:

Virginia Code § 37.2-808 requires that you conduct the medical evaluation or treatment immediately in accordance with state and federal law.

TO ANY HEALTH CARE PROVIDER as defined in Virginia Code § 32.1-127.1:03, or other provider who has provided or is currently providing services to or is currently evaluating the respondent: Virginia Code § 37.2-804.2 requires you to disclose certain information upon request. (See Page Two, AUTHORIZATION FOR DISCLOSURE AND USE OF HEALTH INFORMATION.)

19
DATE AND TIME OF ISSUANCE

20
[] MAGISTRATE [] JUDGE [] SPECIAL JUSTICE

Data Elements, page one

1. Insert court case number.
2. Insert court name. Check appropriate box.
3. Insert name and permanent address of respondent.
4. Insert the name of the officer's law enforcement agency.
5. Check this box if this order is being issued on motion of the judicial officer signing the order.
6. Check this box if this order is being issued on a sworn petition.
7. Check this box if this order is also being issued based upon facts presented by another person, and insert name and telephone number of that person.
8. Insert identifying information for the respondent, if known.
9. Check appropriate box indicating the basis of the order.
10. Check this box if respondent failed to appear for a hearing to review a mandatory outpatient treatment plan or discharge plan, and then check the appropriate box for the plan being reviewed and insert date of hearing for which respondent did not appear.
11. Check this box if the respondent will be transported for evaluation by a law enforcement officer.
12. Check this box if the respondent will be transported for evaluation by an alternative transportation provider. Insert name of alternative transportation provider.
13. Insert current location of respondent.
14. Insert name and address of location where evaluation will occur.
15. Check this box if the respondent needs a medical evaluation.
16. Check box if evidence presented demonstrates that respondent needs an emergency medical evaluation or treatment prior to admission to facility identified in Data Element No. 13.
17. Check box if a physician at the facility identified in Data Element No. 13 requires a pre-admission medical evaluation.
18. Name and address of location where medical evaluation or treatment will occur.
19. Insert date and time when this order is issued.
20. Signature of judicial officer entering this order. Check box below signature line indicating title.

<p>EXECUTED by taking the respondent into custody on this day:</p> <p style="text-align: center;">2 DATE AND TIME</p> <p style="text-align: center;">3 OFFICER TAKING RESPONDENT INTO CUSTODY</p> <p style="text-align: center;">4 BADGE NO., AGENCY AND JURISDICTION</p> <p>for 5 SHERIFF</p>	<p>Respondent evaluation completed:</p> <p style="text-align: center;">6 DATE AND TIME</p> <p style="text-align: center;">7 NAME OF FACILITY</p> <p>by 8</p> <p style="text-align: center;">9 TITLE</p>
---	---

AUTHORIZATION FOR DISCLOSURE AND USE OF HEALTH INFORMATION

Under Virginia Code § 37.2-804.2, any health care provider, as defined in Virginia Code § 32.1-127.1:03, or other provider who has provided or is currently providing services to a person who is the subject of proceedings pursuant to Title 37.2, Chapter 8 of the Code of Virginia must, upon request, disclose to a magistrate, the court, the person's attorney, the person's guardian *ad litem*, the examiner identified to perform an examination of a person who is the subject of a commitment hearing for involuntary admission, the community services board or its designee performing any related evaluation, preadmission screening, or monitoring duties, or a law-enforcement officer any information that is necessary and appropriate for the performance of his duties pursuant to § 37.2-800 et seq. Any health care provider, as defined in § 32.1-127.1:03, or other provider who has provided or is currently evaluating or providing services to a person who is the subject of emergency custody or involuntary temporary detention proceedings must disclose information that may be necessary for the treatment of such person to any other health care provider or other provider evaluating or providing services to or monitoring the treatment of the person. Health records disclosed to a law-enforcement officer must be limited to information necessary to protect the officer, the person, or the public from physical injury or to address the health care needs of the person. Information disclosed to a law-enforcement officer must not be used for any other purpose, disclosed to others, or retained.

Any health care provider disclosing records pursuant to Virginia Code § 37.2-804.2 will be immune from civil liability for any harm resulting from the disclosure, including any liability under the federal Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.), as amended, unless the person or provider disclosing such records intended the harm or acted in bad faith.

Data Elements, page two

1. Insert court case number.
2. Insert date and time respondent taken into custody.
3. Signature of officer executing this order.
4. Insert badge number, agency and jurisdiction that employs the officer.
5. If executed by a deputy sheriff, print or type name of sheriff.

The following elements (Nos. 6-9) are completed on the original and third copies:

6. Insert date and time respondent evaluation completed.
7. Insert location where evaluation was performed.
8. Insert name of person who performed evaluation.
9. Insert title of person who performed evaluation.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to respondent.
 - c. Second copy – to the respondent’s attorney, if present.
2. Prepared by clerk, signed by respondent’s attorney, if present.
3. Attachments
 - a. Attach court’s copy to commitment order if respondent involuntarily committed.
 - b. Appointment of counsel, if applicable.
 - c. “Information about Involuntary Commitment,” pamphlet published by Department of Behavioral Health and Developmental Services.
4. Preparation details
 - a. The court is required by Virginia Code § 37.2-814 to give the respondent an explanation of his right to counsel, to present evidence in his own behalf, to be present at the hearing and to testify, and to appeal any certification to the circuit court where a trial by jury may be had.
 - b. The form should be explained to the respondent by an attorney and so noted on the form.

DESCRIPTION OF RIGHTS

Commonwealth of Virginia VA. CODE § 37.2-814

..... **2** Juvenile and Domestic Relations District Court
..... General District Court

In re: **3**

To the respondent:

You are a person whose involuntary admission for inpatient treatment is being sought.

You have the right to retain private counsel or be represented by a court-appointed attorney in this proceeding.

You may present any defenses you have to your involuntary commitment including independent evaluations, expert testimony, and the testimony of other witnesses.

You have the right to be present and to testify during the hearing.

You have the right to appeal to the circuit court any commitment for involuntary admission or to mandatory outpatient treatment, and to have a jury trial on appeal.

You are entitled to request a copy of the tape or other audio recording made at any commitment hearing for involuntary admission of which you were the subject that was presided over by a judge or a special justice. The court retains such a recording for three years from the date of the hearing.

Copies of the audio recording of the hearing, relevant medical records, reports, and court documents pertaining to this proceeding are kept confidential by the court, with access to the dispositional order provided to others only by court order. However, you may waive confidentiality in writing, in order to allow others to have access to the dispositional order only, or to all of the records pertaining to the hearing.

The judge or special justice may rely upon the evaluation report and certification of the appointed examiner and the preadmission screening report from the community services board to order your involuntary commitment. You have the right to object to the acceptance of the examiner’s written certification and these written reports at the hearing.

If you are involuntarily admitted to a facility for inpatient treatment or ordered to mandatory outpatient treatment as a result of a commitment hearing, or if you are the subject of a temporary detention order and you agree to voluntary admission, it will be unlawful for you to purchase, possess or transport a firearm.

I have explained the involuntary admission process, the statutory protections associated with such process, and the contents of this form to the respondent prior to the commitment hearing.

..... **4** **5**
DATE SIGNATURE OF ATTORNEY

..... **6**
PRINT NAME ADDRESS TELEPHONE NUMBER

I have determined that the respondent has received this form and its contents have been explained to him by an attorney.

..... **7** **8**
DATE [] JUDGE [] SPECIAL JUSTICE

Data Elements

1. Court case number.
2. Court name. Check box for type of court.
3. Name of respondent.
4. Date form signed by attorney who explained the contents of the form to the respondent.
5. Signature of attorney who explained the contents of the form to the respondent.
6. Printed name, address and telephone number of attorney who explained the contents of the form to the respondent.
7. Date form signed by judge.
8. Judge's signature.

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to respondent.
 - c. Second copy – to institution (invoice copy).
 - d. Third copy – to institution (file copy).
2. Prepared by judge or special justice. Data Element Nos. 20 and 21 are completed by the institution and Data Element Nos. 22 through 27 are completed by the officer.
3. Attachments – first copy
 - a. Form DC-4000, ORDER FOR ALTERNATIVE TRANSPORTATION PROVIDER, if applicable.
 - b. Form DC-492, EMERGENCY CUSTODY ORDER
 - c. Form DC-493, INVOLUNTARY MENTAL COMMITMENT PROCESS – written explanation.
4. Preparation details
 - a. The copy of this Order marked “Respondent” *must* be provided to the respondent.
 - b. The judge or special justice should obtain advice from a person skilled in the assessment and treatment of mental illness before deciding whether to issue a temporary detention order. To obtain that advice, a respondent may be taken into custody for an evaluation by a person designated by the local community services board or behavioral health authority who is skilled in the assessment and treatment of mental illness. To take a respondent into custody for an evaluation, use district court form DC-492, EMERGENCY CUSTODY ORDER.

NOTE: Before giving advice to a judge or special justice, a person skilled in the assessment and treatment of mental illness must conduct an in-person evaluation of the respondent, either in person or by means of a two-way electronic video and audio communication system.

TEMPORARY DETENTION ORDER – JUDGE

Commonwealth of Virginia Va. Code §§ 19.2-182.9, 37.2-817.2

Case No. 1

2 [] General District Court [] Circuit Court

3
NAME AND ADDRESS OF RESPONDENT

TO ANY AUTHORIZED OFFICER OF: 5

Based upon facts presented in the detention hearing, and based upon advice presented by

6
NAME AGENCY/FACILITY TELEPHONE NUMBER

a person skilled in the assessment or diagnosis and treatment of mental illness who has completed a certification program approved by the Department of Behavioral Health and Developmental Services, the undersigned judicial officer finds probable cause to issue a temporary detention order:

COMPLETE DATA BELOW IF KNOWN									
RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			
SSN								<u>4</u>	
DL#						STATE			

7 [] pursuant to § 19.2-182.9, to detain the respondent who is an acquittee on conditional release who has violated the conditions of release or is no longer a proper subject for conditional release and requires emergency evaluation to assess the need for inpatient hospitalization.

8, a person who has custody of the respondent has filed a petition to commence the commitment hearing for involuntary hospitalization for treatment:

9 [] to detain the respondent who has failed to appear at a hearing pursuant to § 37.2-817.2 to review a [] mandatory commitment treatment plan [] discharge plan.

THEREFORE, you are commanded to execute this order, take the respondent into custody

10 [] and transport the respondent from the respondent’s current location to the location listed below, or if this order is entered pursuant to § 37.2-817.2, to the alternative facility of temporary detention identified by the employee or designee of the community services board, if you continue to have custody of the respondent when an alternative facility is identified.

11 [] transfer custody of the respondent to the alternative transportation provider, 11
DC-4000, ORDER FOR ALTERNATIVE TRANSPORTATION PROVIDER, is attached.

12
CURRENT LOCATION OF RESPONDENT

13
NAME AND ADDRESS OF TEMPORARY DETENTION FACILITY

14 [] Prior to placement in the above temporary detention facility, transport the respondent

15 [] for emergency medical evaluation or treatment

16 [] for medical evaluation or treatment as may be required by a physician at the temporary detention facility

to: 17
NAME AND ADDRESS OF FACILITY

The duration of temporary detention may not exceed the period authorized in Virginia Code § 37.2-809 or § 19.2-182.9. If the respondent is detained by this order pursuant to § 19.2-182.9, the director of the facility of temporary detention may not release the respondent without an order of a judge.

TO ANY HEALTH CARE PROVIDER as defined in Virginia Code § 32.1-127.1:03, or other provider who has provided or is currently providing services to or is currently evaluating the respondent: Virginia Code § 37.2-804.2 requires you to disclose certain information upon request. (See Page Two, AUTHORIZATION FOR DISCLOSURE AND USE OF HEALTH INFORMATION.)

18
DATE AND TIME OF ISSUANCE

19
[] JUDGE [] SPECIAL JUSTICE

Respondent discharged from institution on this day: 20 by 21
NAME AND TITLE

EXECUTED by delivering a copy of this Order to the respondent on this day <u>22</u> DATE AND TIME OF EXECUTION	
<u>23</u> NAME OF TEMPORARY DETENTION FACILITY (IF DIFFERENT FROM ABOVE)	<u>24</u> DATE AND TIME RESPONDENT DELIVERED TO FACILITY
<u>25</u> OFFICER TAKING RESPONDENT INTO CUSTODY	<u>26</u> BADGE NO., AGENCY, AND JURISDICTION
for <u>27</u> SHERIFF	

Data Elements, front

1. Court case number.
2. Court jurisdiction. Check box indicating type of court.
3. Full name and current address of the respondent.
4. Information describing the respondent. Include only data which is known. Indicate social security number, if available.
5. Specify the primary law-enforcement agency and jurisdiction that should execute the temporary detention order and provide transportation, if applicable.
6. Name, agency/facility and telephone number of individual who evaluated respondent and furnished advice, if applicable.
7. Check box to detain the respondent who is a conditionally released acquittee pursuant to § 19.2-182.9.
8. Name and telephone number of the person petitioning the court.
9. Check this box to detain a respondent who has failed to appear at a hearing to review a mandatory outpatient treatment plan or a discharge plan. Indicate the type of review hearing.
10. Check this box if law enforcement is ordered to transport the respondent to the designated facility.
11. Check this box if law enforcement is ordered to transfer custody of the respondent to the alternative transportation provider for transportation of the respondent to the designated facility, and insert name of alternative transportation provider.
12. Current location of the respondent.
13. Name and address of the temporary detention facility to which the respondent will be committed.
14. Check box (and related Data Element No. 15 or No. 16) if the respondent requires preliminary medical evaluation.
15. Check box if evidence presented demonstrates that respondent needs an emergency medical evaluation or treatment prior to admission to facility identified in Data Element No. 13.
16. Check box if physician at the facility identified in Data Element No. 13 requires pre-admission medical evaluation.
17. Name and address of facility where medical evaluation or treatment will occur.
18. Date and time order was issued.
19. Signature of judge or special justice issuing order. Check appropriate box below signature line.
20. **For institution's use only.** Date and time on which institution discharged respondent.
21. **For institution's use only.** Name and title of person who discharged respondent.
22. Date and time of execution.
23. Name of temporary detention facility if different from facility identified in Data Element No. 13.
24. Date and time the respondent was delivered to facility identified in Data Element No. 13 or 23.
25. Signature of officer taking respondent into custody.
26. Badge number, agency and jurisdiction of officer.
27. Name of sheriff if executed by deputy sheriff.

EXPLANATION OF TEMPORARY DETENTION PROCEDURES

To the Respondent detained pursuant to Va. Code § 37.2-817.2:

You are a person who has been detained pursuant to a temporary detention order issued by a judge or special justice.

You were detained because the judge or special justice decided that there was probable cause to believe that:

1. You have a mental illness and there exists a substantial likelihood that, as a result of mental illness, you will in the near future
 - a. cause serious physical harm to yourself or others as evidenced by your recent behavior causing, attempting or threatening harm and other relevant information, OR
 - b. suffer serious harm due to your lack of capacity to protect yourself from harm or to provide for your basic needs, AND
2. You are in need of hospitalization or treatment, AND
3. You are unwilling to volunteer or incapable of volunteering for hospitalization or treatment.

You were detained after an evaluation was conducted by an employee or designee of the community services board. An evaluation was not required if you were personally examined within the previous 72 hours, or there was a significant physical, psychological or medical risk to you or to the people associated with the evaluation.

You will be detained in the facility listed on the temporary detention order, which may be a state facility, or in another facility if it is determined that another facility is a more appropriate facility for you given your specific security, medical, or behavioral health needs.

You will not be detained in a jail or other place of confinement for people charged with criminal offenses unless you are an inmate or under criminal charges.

Any facility caring for you under a temporary detention order is authorized to provide emergency medical and psychiatric services within its capabilities when the facility determines that the services are in your best interests.

You may be detained under the temporary detention order for up to 72 hours prior to a court hearing; however, if the 72 hours ends on a Saturday, Sunday, legal holiday or a day on which the court is lawfully closed, you may be detained until the close of business on the next day that is not a Saturday, Sunday, legal holiday or day on which the court is lawfully closed.

While you are detained, you will be personally examined in private by a psychiatrist, psychologist or a licensed mental health professional, who will assess your mental status and make recommendations to a judge or special justice for your placement, care and treatment. The community services board will prepare a preadmission screening report and provide the report to the court prior to the hearing.

AUTHORIZATION FOR DISCLOSURE AND USE OF HEALTH INFORMATION

Under Virginia Code § 37.2-804.2, any health care provider, as defined in Virginia Code § 32.1-127.1:03, or other provider who has provided or is currently providing services to a person who is the subject of proceedings pursuant to Title 37.2, Chapter 8 of the Code of Virginia must, upon request, disclose to a magistrate, the court, the person's attorney, the person's guardian *ad litem*, the examiner identified to perform an examination of a person who is the subject of a commitment hearing for involuntary admission, the community services board or its designee performing any related evaluation, preadmission screening, or monitoring duties, or a law-enforcement officer any information that is necessary and appropriate for the performance of his duties pursuant to § 37.2-800 et seq. Any health care provider, as defined in § 32.1-127.1:03, or other provider who has provided or is currently evaluating or providing services to a person who is the subject of emergency custody or involuntary temporary detention proceedings must disclose information that may be necessary for the treatment of such person to any other health care provider or other provider evaluating or providing services to or monitoring the treatment of the person. Health records disclosed to a law-enforcement officer must be limited to information necessary to protect the officer, the person, or the public from physical injury or to address the health care needs of the person. Information disclosed to a law-enforcement officer must not be used for any other purpose, disclosed to others, or retained.

Any health care provider disclosing records pursuant to Virginia Code § 37.2-804.2 will be immune from civil liability for any harm resulting from the disclosure, including any liability under the federal Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.), as amended, unless the person or provider disclosing such records intended the harm or acted in bad faith.

Form DC-495 PETITION FOR INJUNCTION OR MANDAMUS – Form DC-495
FREEDOM OF INFORMATION ACT AND AFFIDAVIT FOR
GOOD CAUSE OR PROTECTION OF SOCIAL SECURITY NUMBERS ACT

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to respondent.
 - c. Second copy – to petitioner.
2. Prepared by petitioner and acknowledged by a clerk, deputy clerk, magistrate or notary public.
3. Attachments – none.
4. Preparation details
 - a. The respondent may be a person in his official capacity.
 - b. Review the venue provisions in Va. Code § 2.2-3713 or § 2.2-3816, as applicable, if the respondent is a local public body, regional public body; board, bureau, commission, authority, district, institution, or agency of the state government (including a public institution of higher education); or standing or other committee of the General Assembly.

**PETITION FOR INJUNCTION OR MANDAMUS
– FREEDOM OF INFORMATION ACT AND AFFIDAVIT FOR GOOD CAUSE
OR PROTECTION OF SOCIAL SECURITY NUMBERS ACT**

Commonwealth of Virginia Va. Code §§ 2.2-3713, 2.2-3816

2

CITY OR COUNTY

General District Court

3

STREET ADDRESS OF COURT

4

PETITIONER

v.

5

RESPONDENT

I, the petitioner, state under oath that:

6 The following rights and privileges under the Virginia Freedom of Information Act were denied to me by the respondent:

(DESCRIBE RIGHTS AND PRIVILEGES DENIED)

These rights and privileges were denied to me by:

7 the respondent who denied me these rights and privileges by **8**

I have good cause for filing this petition in that: **9**

OR

10 The respondent has engaged, is engaged or is about to engage in acts in violation of the Protection of Social Security Numbers

Act by **11**

(DESCRIBE ACTS)

I ask this court to issue:

12 a writ of mandamus to require the respondent to act as follows:

an injunction to enjoin (prohibit) the respondent from acting as follows:

12

(DESCRIBE ACTS TO BE REQUIRED OR PROHIBITED)

13

DATE

14

PETITIONER

Commonwealth of Virginia, City County of **15**

Subscribed and sworn to before me this day by **16**

17

DATE

18

CLERK DEPUTY CLERK MAGISTRATE

NOTARY PUBLIC: My commission expires:

Notary Registration No.

CASE NO. **1**

19

PETITIONER(S)

ADDRESS/LOCATION

v.

20

RESPONDENT(S)

ADDRESS/LOCATION

**PETITION FOR INJUNCTION OR MANDAMUS
– FREEDOM OF INFORMATION ACT AND
AFFIDAVIT FOR GOOD CAUSE
OR PROTECTION OF SOCIAL SECURITY
NUMBERS ACT**

21

ATTORNEY(S) FOR PETITIONER(S)

22

ATTORNEY(S) FOR RESPONDENT(S)

**HEARING DATE
AND TIME**

23

**DISABILITY
ACCOMMODATIONS**
for loss of hearing,
vision, mobility, etc.,
contact the court ahead
of time.

Form DC-495 PETITION FOR INJUNCTION OR MANDAMUS – Form DC-495
FREEDOM OF INFORMATION ACT AND AFFIDAVIT FOR
GOOD CAUSE OR PROTECTION OF SOCIAL SECURITY NUMBERS ACT

Data Elements

- | | |
|--|---|
| <p>1. Court case number.</p> <p>2. Court name.</p> <p>3. Street address of court.</p> <p>4. Name of petitioner.</p> <p>5. Name of respondent. See Using This Form, 4.a.</p> <p>6. Check and, if applicable, insert statement of statutory rights and privileges under the Virginia Freedom of Information Act allegedly denied by the respondent.</p> <p>7. Check and, if applicable, insert name of person whose actions allegedly denied these rights and privileges to the petitioner.</p> <p>8. Statement of facts as to have such rights and privileges were allegedly denied.</p> <p>9. Statement describing the good cause for filing this petition.</p> <p>10. Check and, if applicable, insert name of person who as engaged, is engaged or is about to engage in acts in violation of the Protection of Social Security Numbers Act.</p> <p>11. Description of acts allegedly in violation of the Protection of Social Security Numbers Act.</p> <p>12. Check the applicable box and describe the desired action to obtain</p> | <p>compliance with the Virginia Freedom of Information Act.</p> <p>13. Date of signing of the petition.</p> <p>14. Signature of petitioner.</p> <p>15. Check the applicable box and add name of city or county where acknowledgement is taken.</p> <p>16. Name of person whose oath is being acknowledged.</p> <p>17. Date of acknowledgement.</p> <p>18. Signature of person taking the acknowledgement. Check the applicable title box and, if applicable, insert date of expiration of commission.</p> <p>19. Petitioner's name and address.</p> <p>20. Respondent's name and address.</p> <p>21. Name of petitioner's attorney, if any.</p> <p>22. Name of respondent's attorney, if any.</p> <p>23. Hearing date and time.</p> |
|--|---|

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to petitioner.
 - c. Second copy – to respondent.
2. Prepared for and signed by judge.
3. Attachments – none.
4. Preparation details – the respondent may be a person in his official capacity.

**ORDER FOR PETITION FOR
INJUNCTION OR A WRIT OF MANDAMUS**
COMMONWEALTH OF VIRGINIA VA. CODE §§ 2.2-3713, 2.2-3816

Case No. **1**

2 General District Court

3 v. **4**
PETITIONER RESPONDENT

After the petition was filed and notice of the hearing to the respondent

5 was given
 was not given (temporary injunction only),

the court reviewed the petition and the testimony given in open court. The court thereupon
ORDERS that the request for the issuance of

6 { an injunction
 a temporary injunction
 a writ of mandamus

by the petitioner is

7 denied

8 granted and the respondent shall

.....
.....
.....
.....

Temporary Injunctions only: 9 Expiration date of temporary injunction 10 Next hearing date and time

11
DATE

12
JUDGE

Data Elements

1. Court case number.
2. Court name.
3. Name of petitioner.
4. Name of respondent. See Using This Form, 4.
5. Check the applicable box regarding notice of the hearing.
6. Check the type of action sought by petitioner.
7. Check if the petition is denied.
8. If the petition is granted, check this box and insert the terms of the injunction or writ of mandamus being imposed.
9. If a temporary injunction is ordered, insert the expiration date of the temporary injunction created by this order.
10. If a temporary injunction is ordered, insert the date and time of the next hearing.
11. Date of signing of the order.
12. Signature of judge.

Using This Form

1. Copies
 - a. Original – to the sheriff or private process server to be served on the person being subpoenaed.
 - b. First copy – to court.
 - c. Second copy – to opposing party.
2. Prepared by attorney for the party.
3. Attachments – check for service fees if the subpoena is served by the sheriff.
4. Preparation details

This is a form for a subpoena for witness that may be issued directly by a party's attorney. It can be used only in civil cases. It cannot be used in habeas corpus proceedings, delinquency proceedings, child abuse and neglect proceedings, civil forfeiture proceedings, habitual offender proceedings, proceedings to contest an administrative license suspension under Va. Code § 46.2-391.2 and proceedings pursuant to petitions for writs of prohibition or mandamus in connection with criminal proceedings.

**SUBPOENA FOR WITNESS (CIVIL) –
ATTORNEY ISSUED**

Commonwealth of Virginia
VA. CODE §§ 8.01-407; 16.1-265; Supreme Court Rules 1:4, 4:5

Case No. **1**

2

HEARING DATE AND TIME

3 Court

4

ADDRESS OF COURT

5 **6** v./In re:

TO THE PERSON AUTHORIZED BY LAW TO SERVE THIS PROCESS:

You are commanded to summon

7

NAME

8

STREET ADDRESS

.....

CITY

STATE

ZIP

TO the person summoned: You are commanded to appear

9 [] in the Court

10 [] at **11**

ADDRESS (DEPOSITION USE IN CIRCUIT COURT ONLY)

on, **12** at to testify in the above-named case.

This subpoena is issued by the attorney for and on behalf of

13

PARTY NAME

14

NAME OF ATTORNEY

14

VIRGINIA STATE BAR NUMBER

.....

OFFICE ADDRESS

.....

TELEPHONE NUMBER OF ATTORNEY

.....

OFFICE ADDRESS

.....

FACSIMILE NUMBER OF ATTORNEY

15

DATE ISSUED

16

SIGNATURE OF ATTORNEY

Notice to Recipient: See page two for further information.

RETURN OF SERVICE (see page two of this form)

Data Elements, page one

1. Insert case number.
2. Insert hearing date and time.
3. Court name and type of court in which case is pending.
4. Address of court.
5. Name of Plaintiff.
6. Name of defendant or the subject of the suit.
7. Name of person being subpoenaed.
8. Address of person being subpoenaed.
9. Check box if the person is required to appear at the court and insert the name of the court where the person subpoenaed is to appear.
10. Check box if the person is required to appear for a deposition (only for use in circuit court).
11. If data element 10 is checked, insert the address when the person is required to appear for the deposition (only for use in circuit court).
12. Insert the date and time for when the person is required to appear.
13. Insert the name of the party whose attorney is issuing the subpoena.
14. Insert the name, office address, bar number, telephone number and facsimile number of the attorney issuing the subpoena.
15. Date the subpoena is issued.
16. Signature of attorney issuing the subpoena.

TO the person summoned:

If you are served with this subpoena less than 5 calendar days before your appearance is required, the court may, after considering all of the circumstances, refuse to enforce the subpoena for lack of adequate notice. If you are served less than 5 calendar days before your appearance is required and you are a judicial officer generally incompetent to testify pursuant to § 19.2-271, this subpoena has no legal force or effect. If you are served with this subpoena less than 5 calendar days before your appearance is required, you may wish to contact the attorney who issued this subpoena and the clerk of the court.

1 This SUBPOENA FOR WITNESS is being served by a private process server who must provide proof of service in accordance with Va. Code § 8.01-325.

TO the person authorized to serve this process: Upon execution, the return of this process shall be made to the clerk of court.

NAME:	
ADDRESS: 2	
3 <input type="checkbox"/> PERSONAL SERVICE	Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:	
4 {	<input type="checkbox"/> Delivered to a person found in charge of usual place of business or employment during business hours and giving information of its purport.
	<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.)
5 <input type="checkbox"/> not found	..... 7, Sheriff
..... 6 <small>DATE</small>	By 8, Deputy Sheriff

CERTIFICATE OF COUNSEL

I, **9**, counsel for **10**, hereby certify that a copy of the foregoing subpoena for witness was **11**
DELIVERY METHOD

to **12**, counsel of record for **13**,
on the day of **14**

..... **15**
SIGNATURE OF ATTORNEY

Data Elements, *page two*

1. Check box if a private process server is being utilized to serve the subpoena.
2. Name, address and phone number of person being served.
3. Check if personal service is made.
4. Indicate method of substitute service, if not personally served. If delivered to a family member, insert name and age of the recipient and the relationship of the recipient to the person to be served.
5. Check if not found.
6. Insert date of service.
7. Name of sheriff.
8. Name of deputy sheriff who served the subpoena.
9. Name of attorney issuing subpoena.
10. Name of party attorney represents.
11. Delivery method used to deliver document to opposing counsel.
12. Name of opposing counsel.
13. Name of party represented by opposing counsel.
14. Date on which delivery is made.
15. Signature of attorney issuing subpoena.

Using This Form

1. Copies
 - a. Original – to the sheriff to be served on the person being subpoenaed.
 - b. First copy - to court.
 - c. Second copy – to opposing party.
2. Prepared by attorney for the party.
3. Attachments – check for service fees if the subpoena is served by the sheriff.
4. Preparation Details – This is a form for a subpoena duces tecum that may be issued directly by a party’s attorney who is an active member in good standing of the Virginia State Bar. It can be used only in civil cases. It cannot be used in habeas corpus proceedings, delinquency proceedings, child abuse and neglect proceedings, protective order proceedings in cases of domestic violence or stalking, habitual offender proceedings, proceedings to contest an administrative license suspension under Va. Code § 46.2-391.2 and proceedings pursuant to petitions for writs of prohibition or mandamus.

**SUBPOENA DUCES TECUM (CIVIL) –
ATTORNEY ISSUED** VA CODE §§ 8 01-413, 16 1-89, 16 1-265;
Commonwealth of Virginia Supreme Court Rules 1:4, 4:9

Case No. **1**
2
HEARING DATE AND TIME

3

Court

4

COURT ADDRESS

5

v./In re:

6

TO THE PERSON AUTHORIZED BY LAW TO SERVE THIS PROCESS:

You are commanded to summon

7

NAME

8

STREET ADDRESS

CITY

STATE

ZIP

TO the person summoned: You are commanded to make available the documents and tangible things designated and described below:

9

at

10

LOCATION

at

11

DATE AND TIME

to permit such party or someone acting in his or her behalf to inspect and copy, test or sample such tangible things in your possession, custody or control.

This Subpoena Duces Tecum is issued by the attorney for and on behalf of

12

PARTY NAME

NAME OF ATTORNEY

VIRGINIA STATE BAR NUMBER

13

OFFICE ADDRESS

13

TELEPHONE NUMBER OF ATTORNEY

OFFICE ADDRESS

FACSIMILE NUMBER OF ATTORNEY

14

DATE ISSUED

15

SIGNATURE OF ATTORNEY

Notice to Recipient: See page two for further information.

RETURN OF SERVICE (see page two of this form)

Data Elements, *page one*

1. Insert case number.
2. Insert hearing date and time.
3. Court name and type of court in which case is pending.
4. Address of court.
5. Name of Plaintiff.
6. Name of Defendant or the subject of the suit.
7. Name of person who is the custodian of the documents and tangible things being requested.
8. Address of custodian.
9. Describe documents and tangible things to be produced.
10. Insert location where the documents and tangible things to be produced should be made available.
11. Insert date and time when the documents and tangible things to be produced should be made available.
12. Insert the name of the party whose attorney is issuing the subpoena.
13. Insert the name, office address, bar number, telephone number and facsimile number of the attorney issuing the subpoena.
14. Date the subpoena is issued.
15. Signature of attorney issuing the subpoena.

TO the person summoned:

If you are served with this subpoena less than 14 days prior to the date that compliance with this subpoena is required, you may object by notifying the party who issued the subpoena of your objection in writing and describing the basis of your objection in that writing.

1 [] This SUBPOENA DUCES TECUM is being served by a private process server who must provide proof of service in accordance with Va. Code § 8.01-325.

TO the person authorized to serve this process: Upon execution, the return of this process shall be made to the clerk of court.

NAME:
ADDRESS:
[] PERSONAL SERVICE Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:
[] 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:
[] Posted on front door or such other door as appear to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)
[] NOT FOUND
7 DATE by 8 9 Deputy Sheriff

CERTIFICATE OF COUNSEL

I, 10, counsel for 11 hereby certify
that a copy of the foregoing subpoena duces tecum was 12 DELIVERY METHOD
to 13, counsel of record for 14,
on the 15 day of 15,
16
SIGNATURE OF ATTORNEY

NOTICE: Upon receipt of the subpoenaed documents, the requesting party must, if requested, provide true and full copies of those documents to any other party or to the attorney for any other party, provided the other party or attorney for the other party pays the reasonable cost of copying or reproducing those documents. This does not apply when the subpoenaed documents are returnable to and maintained by the clerk of the court in which the action is pending. Va. Code § 8.01-417

Data Elements, *page two*

1. Check box if a private process server is being utilized to serve the subpoena.
2. Name, address and phone number of person being served.
3. Check if personal service is made.
4. Check if delivered to a family member and insert name and age of the recipient and the relationship of the recipient to the person to be served.
5. Check if posted service.
6. Check if not found.
7. Insert date of service.
8. Name of sheriff.
9. Name of deputy sheriff who served the subpoena.
10. Name of attorney issuing subpoena.
11. Name of party attorney represents.
12. Delivery method used to deliver document to opposing counsel.
13. Name of opposing counsel.
14. Name of party represented by opposing counsel.
15. Date on which delivery is made.
16. Signature of attorney issuing subpoena.

Using This Form

This form is to be used by any person who seeks the return of a vehicle that has been administratively impounded pursuant to Virginia Code § 46.2-301.1.

MOTION AND ORDER FOR RELEASE OF VEHICLE

Commonwealth of Virginia Va. Code § 46.2-301.1

Case No. **1**

HEARING DATE
AND TIME

2
.....
.....

3

.....
COURT NAME

..... General District Court

REGISTERED OWNER

OFFENDER/OPERATOR (If different from owner)

LIEN HOLDER

4

.....
NAME

5

.....
NAME

6

.....
NAME

.....
ADDRESS

.....
ADDRESS

.....
ADDRESS

.....
CITY

.....
STATE

.....
ZIP

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CITY

.....
STATE

.....
ZIP

.....
CITY

.....
STATE

.....
ZIP

.....
SOCIAL SECURITY NUMBER

.....
SOCIAL SECURITY NUMBER

REASON FOR IMPOUNDMENT/IMMOBILIZATION

7 Virginia Code § 46.2-301.1. Operating a motor vehicle

- (i) when the driver's license, learner's permit or privilege to drive a motor vehicle has been suspended or revoked for a violation of § 18.2-51.4 or driving while intoxicated in violation of §§ 18.2-266, 46.2-341.24 or a substantially similar ordinance or law in any other jurisdiction (30-day impoundment);
- (ii) after adjudication as a habitual offender, where such adjudication was based in whole or in part on an alcohol-related offense (30-day impoundment);
- (iii) when the driver's license has been administratively suspended pursuant to Virginia Code § 46.2-391.2 (30-day impoundment);
- (iv) when the driver's license, learner's permit or privilege to drive a motor vehicle has been suspended or revoked for unreasonable refusal of tests in violation of §§18.2-268.3, 46.2-341.26:3 or a substantially similar ordinance or law in any other jurisdiction (30 day impoundment); or
- (v) without an operator's license in violation of § 46.2-300 after having been previously convicted of such or substantially similar offense (maximum 3-day impoundment).

8 Other

VEHICLE DESCRIPTION:

9

.....
MAKE/MODEL

9

.....
YEAR

.....
COLOR

9

.....
LICENSE PLATE NUMBER

.....
STATE

VEHICLE LOCATION:

10 Vehicle immobilized Vehicle impounded

10

.....
LOCATION OF VEHICLE

11

.....
DATE OF IMPOUNDMENT

Data Elements, page one

To be completed by Clerk:

1. Court case number.
2. Time and date of the hearing.
3. City or county where court is located.
4. Name, address and social security number of the owner.
5. Name, address and social security number of the offender if different from owner.
6. Name and address of any lien holder on the vehicle.
7. Check box if vehicle impounded under Virginia Code § 46.2-301.1 and then check applicable box for specific provision of Virginia Code § 46.2-301.1.
8. Check box if vehicle impounded under other code section.
9. Description of vehicle.
10. Check the appropriate box and give location of vehicle.
11. Date of impoundment.

JUDICIAL REVIEW OF IMPOUNDMENT/IMMOBILIZATION

Any driver who is the owner of the motor vehicle that is impounded or immobilized may, during the period of the impoundment, petition the general district court of the jurisdiction in which the arrest was made to review that impoundment. If the person proves to the court by a preponderance of the evidence that the arresting law-enforcement officer did not have probable cause for the arrest, or that the magistrate did not have probable cause to issue the warrant, the court will rescind the impoundment. Upon rescission, the motor vehicle shall be released and the Commonwealth shall pay or reimburse the person for all reasonable costs of impoundment or immobilization, including removal or storage costs paid or incurred by him. If the person requesting the review fails to appear without just cause, his right to review shall be waived.

The owner or co-owner of any motor vehicle impounded or immobilized who was not the driver at the time of the violation, may petition the general district court in the jurisdiction where the violation occurred for the release of the motor vehicle. The motor vehicle shall be released if the owner or co-owner proves by a preponderance of the evidence that he (i) did not know that the offender's driver's license was suspended or revoked when he authorized the offender to drive such motor vehicle; or (ii) did not know that the offender had no operator's license and that offender had previously been convicted of driving without an operator's license; or (iii) did not consent to the operation of the motor vehicle by the offender. If the owner proves by a preponderance of the evidence that his immediate family has only one motor vehicle and will suffer a substantial hardship if that motor vehicle is impounded or immobilized for 30 days, the court, in its discretion, may release the vehicle after some period of less than 30 days.

NOTE: Unless the vehicle is released and the impoundment is rescinded pursuant to either dismissal or acquittal of the charge of driving without an operator's license or of driving on a suspended or revoked license, or upon a finding that there was not probable cause for the arrest or for the issuance of the warrant, all reasonable costs of impoundment and immobilization must be paid by the offender prior to release of the vehicle.

Any person who knowingly authorizes the operation of a motor vehicle by a person he knows has had his privilege to drive a motor vehicle suspended or revoked or by a person who he knows has no operator's license and who he knows has been previously convicted of driving a motor vehicle without an operator's license in violation of § 46.2-300 or a substantially similar ordinance of any county, city or town or law in any other jurisdiction shall be guilty of a class I misdemeanor.

I, 1, the undersigned, do hereby petition the 2
Court to review the impoundment or immobilization of the above-identified vehicle.

3
DATE

4
5 [] OPERATOR [] OWNER

ORDER

- 6 [] I grant the petition and find that the impounded vehicle should be released for the following reason:
 - [] No probable cause for arrest or warrant.
 - [] Owner did not know that offender's license was suspended or revoked.
- 7 {
 - [] Owner did not consent to operation of the motor vehicle by offender.
 - [] Owner proved by a preponderance of the evidence that his immediate family has only one motor vehicle and will suffer a substantial hardship if motor vehicle is impounded.
 - [] Owner did not know offender had no operator's license and had been previously convicted of driving without an operator's license in violation of § 46.2-300.
- 8 [] I deny petitioner's request.
- 9 [] Right to review waived. Driver/petitioner failed to appear.
- 10 []

Nothing in this order shall impede or infringe upon the right of a valid lienholder to cure a default pursuant to an existing security agreement. Va. Code § 46.2-301.1(F).

11
DATE

12
JUDGE

Data Elements, page two

1. Name of petitioner.
2. Name of the court petitioned.
3. Date of the petition.
4. Signature of the petitioner.
5. Check either “owner” or “operator.”

To be completed by judge at the hearing:

6. Check box if petition granted.
7. Check box to indicate reason petition granted.
8. Check box if petition is denied.
9. Check box if petitioner fails to appear.
10. Check box if other disposition ordered, and specify disposition.
11. Date signed.
12. Signature of the judge.