PETITION FOR PROCEEDING ON APPEAL WITHOUT PAYMENT OF FEES OR COSTS

Record No. .....

COMMONWEALTH OF VIRGINIA VA.CODE §§ 17.1-606; 19.2-159

COURT OF APPEALS OF VIRGINIA

..... v. .....

The undersigned petitioner(s) requests that the court allow the petitioner(s) to pursue an appeal without the payment of fees. In support of the petition, the petitioner(s) state that the following information is true:

[ ] I currently receive the following type(s) of public assistance in .....
CITY/COUNTY

[ ] TANF $ ..... [ ] Medicaid [ ] Supplemental Security Income $ .....

[ ] SNAP (food stamps) $ ..... [ ] Other (specify type and amount) .....

[ ] I currently do not receive public assistance.

[ ] I am represented in this matter by a legal aid society, an attorney appearing as counsel *pro bono*, or an attorney assigned to me or referred by a legal aid society.

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

Self .....

Spouse .....

NET INCOME:	**Self**	**Spouse**
Pay period (weekly, every second week, twice monthly, monthly)	.....	.....
Net take home pay (salary/wages, minus deductions required by law and tax withholdings)	$	.....
Other income sources (please specify)	$	.....

COURT USE ONLY

TOTAL INCOME $ ..... + ... = [ ] **A**

ASSETS:		
Cash on hand	$	.....
Bank Accounts at:	$	.....
Any other assets, including real estate: (please specify) ..... with a value of	$	.....

COURT USE ONLY

TOTAL ASSETS $ ..... + ... = [ ] **B**

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

EXCEPTIONAL EXPENSES (Total Exceptional Expenses of Family)

Medical Expenses (list only unusual and continuing expenses) ..... $ .....

Court-ordered support payments/alimony ..... $ .....

[ ] deducted from paycheck [ ] not deducted from paycheck

Child-care payments (e.g. day care) ..... $ .....

Other (describe):

..... } $ .....

COURT USE ONLY

TOTAL EXPENSES $ ..... = [ ] **C**

COLUMN "A" plus COLUMN "B" minus COLUMN "C" equals available funds = [ ]

ACKNOWLEDGEMENT

I understand that the court cannot provide me with legal advice, and that it may be advisable to get advice from a lawyer. I hereby declare under the penalty of perjury that the above information is true and correct.

..... _____.....

DATE SIGNATURE – PETITIONER PRINT NAME –PETITIONER

.....

CERTIFICATE OF SERVICE

I certify that a copy of this motion/affidavit has been provided to the following opposing counsel/ parties

_____

by (explain if sent by mail/email/fax/delivery/correctional institutional official)

_____

at the following address(es)

_____

_____

by (explain if sent by mail/email/fax/delivery/correctional institutional official)

_____

at the following address(es)

_____

on the following date _____.

Petitioner's Signature: _____.