

**PETITION FOR PROCEEDING IN A NO-FAULT DIVORCE  
WITHOUT PAYMENT OF FEES OR COSTS**

COMMONWEALTH OF VIRGINIA VA.CODE § 17.1-606

Case No. **1** .....

**2** ..... Circuit Court

**3** ..... v. **4** .....

The undersigned petitioner requests the court to permit the petitioner to proceed in a no-fault divorce case under Virginia Code § 20-91(A)(9) in this court without the payment of fees or costs and to have from all officers all needful services and process. In support of the petition, the petitioner states that the following information is true:

**5** 1.  I currently receive the following type(s) of public assistance in .....  
 TANF \$ .....  Medicaid  Supplemental Security Income \$ .....  
 SNAP (food stamps) \$ .....  Other (specify type and amount) .....  
 I currently do not receive public assistance. (If this box is checked, complete section 2, below. If not checked, proceed § section 3.)

**6** 2. Names and address of employer(s) for myself and spouse:  
 Self .....  
 Spouse .....

**NET INCOME:**

	<b>Self</b>	<b>7</b>	<b>Spouse</b>	
Pay period (weekly, every second week, twice monthly, monthly) .....				
Net take home pay (salary/wages, minus deductions required by law) .....	\$	<b>8</b>		
Other income sources (please specify) .....	\$	<b>9</b>		
	<b>TOTAL INCOME</b>	\$ <b>10</b>	+ <b>10</b>	= <span style="border: 1px solid black; padding: 2px;"><b>11</b></span> <b>A</b>

**ASSETS:**

Cash on hand .....	\$	<b>12</b>		
Bank Accounts at: .....	\$	<b>13</b>		
Any other assets: (please specify) .....		<b>14</b>	with a value of .....	\$ <b>14</b>
	<b>TOTAL ASSETS</b>	\$ <b>15</b>	+ <b>15</b>	= <span style="border: 1px solid black; padding: 2px;"><b>16</b></span> <b>B</b>

**17**..... 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) .....	\$	<b>18</b>		
Court-ordered support payments/alimony .....	\$	<b>19</b>		
<input type="checkbox"/> deducted from paycheck <input type="checkbox"/> not deducted from paycheck		<b>20</b>		
Child-care payments (e.g. day care) .....	\$	<b>21</b>		
Other (describe): .....		<b>21</b>		
		<b>22</b>		
	<b>TOTAL EXPENSES</b>	\$		= <span style="border: 1px solid black; padding: 2px;"><b>22</b></span> <b>C</b>
				COLUMN "A" plus COLUMN "B" minus COLUMN "C" equals available funds = <span style="border: 1px solid black; padding: 2px;"><b>23</b></span>

**3. ACKNOWLEDGEMENT**

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

**24**

.....  
DATE

**25**

-----  
SIGNATURE – PETITIONER

**26**

.....  
PRINT NAME –PETITIONER

**27**

.....  
RESIDENCE ADDRESS OF PETITIONER

**28**

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SIGNATURE – PETITIONER

**29**

.....  
PRINT NAME – PETITIONER

**30**

.....  
RESIDENCE ADDRESS OF PETITIONER

**Using This Revisable PDF Form**

## 1. Copies

Original – to court.

First copy – to be retained by parties after filing with court.

Additional copies as dictated by local practice. (Inquire with clerk's office).

## 2. Prepared by petitioner.

## 3. Attachments – documents petitioner deems appropriate.

## 4. Preparation details- none.

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**Data Elements, page one**

1. Court case number.
2. Court name.
3. Petitioner name.
4. Respondent name.
5. If receiving public assistance, check and insert the name of the city or county and, if receiving aid from another state or the District of Columbia, insert the name of such state or the District of Columbia. Also check the applicable boxes and, if applicable, complete the blank lines.
6. Name and address of employer(s) of the person seeking to proceed in a no-fault divorce without payment of fees or costs and of the spouse of such person.
7. Description of interval between pay periods (weekly, every two weeks, twice monthly, monthly).
8. **Annual** net take-home pay.
9. Describe other income sources and total **annual** amounts.
10. Total of Data Element Nos. 8 and 9.
11. Total of both columns of Data Element No. 10.
12. Amount of cash in immediate possession of the applicant and spouse.
13. Amount of funds in checking or savings accounts, whether in a bank, savings and loan, credit union or other similar financial institution. List name of institution.
14. Describe other assets readily convertible to cash and total value of such items.
15. Total of Data Element No. 12 through 14.
16. Total of both columns of Data Element No.15.
17. Total number of individuals in household for whom petitioner has financial responsibility, including petitioner.
18. Amount of unusual, continuing medical expenses, if applicable to applicant's family.

19. Amount of all court-ordered support and/or alimony (spousal support). Check appropriate box to indicate if deducted or not deducted from paycheck.
20. Amount of child care expenses, if any.
21. Amounts and descriptions of all other exceptional expenses.
22. Total number of such exceptional expenses.
23. Total of Data Element No. 11 plus Data Element No. 16 minus Data Element No. 22.
24. Date of acknowledgement.
25. Signature of petitioner.
26. Printed name of petitioner.
27. Residence address of petitioner.
28. Signature of petitioner, if applicable.
29. Printed name of petitioner, if applicable.
30. Residence address of petitioner, if applicable.