

**PETITION FOR PROCEEDING IN CIVIL CASE  
WITHOUT PAYMENT OF FEES OR COSTS**

Case No. ....

COMMONWEALTH OF VIRGINIA VA.CODE §§ 16.1-69.48:4; 17.1-606

..... Circuit Court

..... v. ....

The undersigned petitioner(s) request the court to permit the petitioner(s) to sue or defend a civil case 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(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:**

	<b>Self</b>	<b>Spouse</b>	
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)	.....	.....	
.....	\$ .....	.....	
<b>TOTAL INCOME</b>	\$ .....	.....	= <span style="border: 1px solid black; padding: 2px;">COURT USE ONLY</span> <b>A</b>

**LIQUID ASSETS:**

Cash on hand .....	\$ .....	.....	
Bank Accounts at: .....	\$ .....	.....	
Any other liquid assets: (please specify)	.....	.....	
..... with a value of .....	\$ .....	.....	
<b>TOTAL ASSETS</b>	\$ .....	.....	= <span style="border: 1px solid black; padding: 2px;">COURT USE ONLY</span> <b>B</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 .....	\$ .....	
<input type="checkbox"/> deducted from paycheck <input type="checkbox"/> not deducted from paycheck		
Child-care payments (e.g. day care) .....	\$ .....	
Other (describe):	.....	
.....	} \$ .....	
<b>TOTAL EXPENSES</b>	\$ .....	= <span style="border: 1px solid black; padding: 2px;">COURT USE ONLY</span> <b>C</b>

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

ACKNOWLEDGEMENT

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

.....

DATE

\_\_\_\_\_  
SIGNATURE – PETITIONER

.....  
PRINT NAME –PETITIONER

.....  
RESIDENCE ADDRESS OF PETITIONER