NAME (ADULT) DE §§ 8.01-217, 20-121.4	Case No.	
f the [ ] City [ ] County of		
aving filed his/her verified ap	ication requesting the	change of his/her name from
MIDDLE 1	LAST	SUFFIX
MIDDLE	LAST	SUFFIX
pplicant:		
plies with the requirements o pursuant to Va. Code § 20-12 sought for any fraudulent pur	.4 incident to divorce,	,
Crimes Against Minors Reg a hearing on the application. he change of name would not se, and would not otherwise	try is required but foun rustrate a legitimate law fringe upon the rights of	tioner, or a person for whom registration and good cause for consideration of the w enforcement purpose, is not sought of others. The basis for this finding is as
d ORDERED that y changed, effective this date,		
orthwith spread this Order up	n the current deed book	k, indexing the order in both the old and
urther transmit a certified cop minal Records Exchange.	of this Order and the a	application to the State Registrar of Vital
d incident to a divorce and the tral Criminal Records Exchan		t any copy of this Order to the Registrar
	erk shall not spread or	Fety of the applicant/applicant's family index this Order and shall not transmit Records Exchange.
name is hereby denied and th		
day of		, 20
change would pose a serious thereby Ordered sealed. The Calegistrar of Vital Records or the mame is hereby denied and the	reat to the health or saferk shall not spread or the Central Criminal R cause is dismissed.	index t Records

JUDGE

## PETITION FOR PROCEEDING IN CIVIL CASE Case No. WITHOUT PAYMENT OF FEES OR COSTS COMMONWEALTH OF VIRGINIA VA.CODE §§ 16.1-69.48:4: 17.1-606 Circuit Court 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 ...... [ ] 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 \$ ..... + ..... LIQUID ASSETS: Cash on hand \$ ..... Bank Accounts at: Any other liquid assets: (please specify) with a value of ......\$ ..... COURT USE ONLY TOTAL ASSETS \$ ...... + ..... В **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

C

TOTAL EXPENSES \$ .....

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