

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

COMMONWEALTH OF VIRGINIA VA.CODE § 17.1-606

Case No. ....

..... Circuit Court

..... v. ....

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:

1.  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 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.

**If no boxes in this section are checked, complete sections 2 and 3 below. If one or both boxes in this section are checked, skip section 2 and complete only section 3 below.**

2. 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
<b>TOTAL INCOME</b>	\$ .....	+ .....	= <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></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; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></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; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <b>C</b>
COLUMN "A" plus COLUMN "B" minus		
COLUMN "C" equals available funds		= <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span>

