

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

Record No. ....

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

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) \$ .....

**TOTAL INCOME** \$ ..... + ..... = COURT USE ONLY **A**

**LIQUID ASSETS:**

Cash on hand ..... \$ .....

Bank Accounts at: ..... \$ .....

Any other liquid assets: (please specify) with a value of ..... \$ .....

**TOTAL ASSETS** \$ ..... + ..... = COURT USE ONLY **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):

..... } \$ .....

**TOTAL EXPENSES** \$ ..... = COURT USE ONLY **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
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.....

**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: \_\_\_\_\_.