

**REQUEST TO WAIVE BOND
(CELEBRATE RITES OF MARRIAGE)**

COMMONWEALTH OF VIRGINIA VA.CODE §§ 17.1-606; 20-25

Case No.

VIRGINIA: In the Circuit Court of the [] City [] County of

Petitioner's Name
LAST FIRST MIDDLE SUFFIX

The undersigned petitioner requests that any bond required pursuant to § 20-25 of the Code of Virginia be waived. In support of this request, the petitioner states 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:

Pay period (weekly, every second week, twice monthly, monthly) Self Spouse

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.

.....
DATE

.....
SIGNATURE – PETITIONER

.....
PRINT NAME – PETITIONER

.....
RESIDENCE ADDRESS OF PETITIONER