

Child-Care payments (For example, day care)..... \$ _____

Other (Describe other Exceptional Expenses below)..... \$ _____

3. Other information:

a. The number of people for whom the Affiant(s) provide support is: _____

b. The number of persons residing with the Affiant(s) is: _____

c. Complete if applicable:

In custody at _____
Place of Incarceration and address

4. Additional Information:

I declare under penalty of perjury that this information is correct.

Affiant's Printed Name

Affiant's Signature

Affiant's Printed Name

Affiant's Signature

State of _____

City/County of _____; to-wit

Sworn and subscribed to before me this _____.

Notary Public

My Commission expires: _____
Date Virginia Commission No.

[SEAL]

Order

The affidavit is granted. _____

The affidavit is denied. _____

Date

Judge