| MOTION TO AMEND OR REVIEW ORDER Commonwealth of Virginia | Case No. | |
|---|--|--|
| Commonweath of Virginia | [] General District Court | |
| | Juvenile and Domestic Relations District Court | |
| | T ADDRESS | |
| This motion is filed in connection with Case No | | |
| | | |
| | E OF CHILD | |
| PERSON FILING MOTION [] MOTHER [] FATHER [] OTHER | V. OTHER PARTY [] MOTHER [] FATHER [] OTHER | |
| ADDRESS/LOCATION | ADDRESS/LOCATION | |
| TELEPHONE NUMBER | TELEPHONE NUMBER | |
| I respectfully represent to the Court that an order dated | DATE was ente | |
| | Co | |
| | | |
| | ENTS OF ORDER | |
| [] I request that the attached order be changed, amende | ded, and/or modified as follows: | |
| | | |
| | | |
| REQUESTED CHANGES, AMENDMEN | NTS AND/OR MODIFICATIONS TO ORDER | |
| [] I request these changes for the following reason(s): | | |
| | | |
| | ve order proposed by the Department of Social Services a | |
| that the Court take whatever other action it deems no | necessary. | |
| | PRINTED NAME OF PERSON FILING MOTION | |
| DATE | SIGNATURE OF PERSON FILING MOTION | |

FORM DC-630 FRONT 10/23

| | | Case No. |
|-----------------------------|--|---|
| Additional parties to rece | ive notice: | |
| ОТЕ | | OTHER |
| ADDRESS/I | | ADDRESS/LOCATION |
| | JMBER | |
| | | NOTICE |
| | (Pz | ARTY TO BE SERVED) |
| You are hereby notified the | nat on | , a hearing will be held by this |
| | | DATE AND TIME /or modify the terms of an order as described in the Request on |
| DATE | | CLERK |
| S | ERVICE OF PROC | ESS ON PARTY TO BE SERVED |
| [] Personal service | | |
| Being unable to make | personal service, a copy | y was delivered in the following manner: |
| abode of part | | porary sojourner or guest) age 16 or older at usual place of ing information of its purport (List name, age of recipient and bove.) |
| | nt door or such other doo above. (Other authorize | or as appears to be the main entrance of usual place of abode, ed recipient not found.) |
| Not found | | |
| . , | CASES TO ENFOR | CE CHILD SUPPORT ONLY: |
| | | the |
| | |] business address of record. |
| DATE | | SERVING OFFICER |
| | | for |