

RESPONDENT'S REQUEST FOR INCOME DEDUCTION ORDER Case No.: _____

Commonwealth of Virginia VA. CODE § 20-79.1 DCSE No.: _____

Juvenile and Domestic Relations District Court

 PETITIONER V. RESPONDENT

 ADDRESS ADDRESS

 SOCIAL SECURITY NUMBER SOCIAL SECURITY NUMBER

I, the undersigned Respondent, state that the following is my court-ordered periodic support payment in this case:

\$ _____ current support } payable:
 \$ _____ applied to arrearages }
 weekly _____ }
 bi-weekly _____ } regular pay dates
 semi-monthly _____ }
 monthly _____ }

OTHER PAY INTERVAL AND REGULAR PAY DATES

I am also ordered to provide health care coverage for the following persons:

NAME	STATUS (check applicable box)			Payment Priority
	Dependent Child	Current Spouse	Former Spouse	
1. _____				Support Health care coverage
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				

Support of other dependents:

I am not providing support to another spouse or another dependent child other than such spouse and/or dependent child(ren) for whom support is to be provided through this case.

I am providing support to these other spouse(s) and/or child(ren) for whom no support is provided through this case:

I hereby request this court to enter an Income Deduction Order for the withholding from my income of.

\$ _____ current support \$ _____ to be applied to arrearages

My employers are:

1. _____ 2. _____
 NAME NAME

 ADDRESS ADDRESS

whose normal pay dates are

whose normal pay dates are

same as above different from above in that I am paid
 weekly semi-monthly
 bi-weekly monthly _____
 with paydays being _____
 NORMAL PAYDAY

same as above different from above in that I am paid
 weekly semi-monthly
 bi-weekly monthly _____
 with paydays being _____
 NORMAL PAYDAY

I also waive notice of a hearing on the matter. _____