MEDIATION SUPPORT AGREEMENT (DATED			This Court's Case No.		
Commonwealth of Virginia			DCSE ID No		
	[] Juveni	le and Domestic	Relations District	Court [] Circuit Court	
	STRE	ET ADDRESS OF COUR	T		
Petitioner:		v.	Respondent:		
[] Identifying information not provided for go Residential Address:	ood cause shown	··	_	rmation not provided for good cause shown ess:	
Residential Telephone No.:			Residen	tial Telephone No.:	
Mailing Address if Different:			Mailing Address	if Different:	
Social Security No. (last 4 digits only): Driver's Lic. No. & State: Date of Birth:			Social Security N Driver's Lic. No. Date of Birth:	fo. (last 4 digits only): & State:	
Employer:			Employer:		
Address:			Address:		
Telephone No.:			Telepho	one No.:	
	corney/ Guardian Ad Litem		DCSE Repres	·	
[] Respondent [] Att	orney/ Guardian Ad Litem			Litem for child(ren) [] Mediator	
	(last 4 digits only)				
is (are) entitled to support from the Resp Therefore, the parties agree that the Resp	ondent, and that the Respon	dent is chargeab	le with support as	alleged in the petition.	
[] \$ pe	er month CURRENT CHIL	D SUPPORT effe	ective	for all children listed above; Ol	
				divided among the above-listed	
\$	for		\$	for	
\$	for			for	
[] \$ po	er month CURRENT SPOU	SAL SUPPORT	effective		
				PORT effective	
[] \$ po					
[] \$ po					
101AL \$ per mo	ntn payable, iirst paymen	it due on the 1	day of	, and each subsequent payn	
is due on the 1 st day of each month t	hereafter. Payments may	y be made in in	tervals of	per, begin	
on			PAIM	ENT AWOUNT INTERVAL	
All support paid shall be credited to cu Child support shall terminate on a chil and (i) a full-time high school student,	d's eighteenth birthday; ho (ii) not self-supporting an	owever, support d (iii) living in t	shall continue for the home of the p	rearages. r any child who is over the age of eightee arent receiving child support, until the charages for child support, including interes	
	ld emancipates, payments	shall continue in	the total amoun	t due until all arrearages are paid. If the	
[] Support for	•			rely and permanently mentally	
Name of Child	isability existed prior to the and living in the home of	e child reaching f the parent seek	the age of 18, or ing or receiving o	the age of 19 if the child was a full-time child support; (ii) is unable to live	

ME	MEDIATION SUPPORT AGREEMENT	Case No.
	RREARAGES:] No arrearages exist as of	
[]] \$child support arrearage owed by Respondent.	
[]] \$spousal support arrearage owed by Respondent.	
[]] \$ unitary (child/spousal) support arrearage owed by Responde	nt.
[]] \$ total SUPPORT arrears owed by Respondent [] with in	terest included [] without interest included
	[] arrears include an assessment from the effective date of this order to the fi	rst payment due date.
	[] This total includes TANF debt or other public funds paid prior to the effect	tive date of this order of \$
	for months.	
The	hese arrearages are calculated as of the date of this Agreement including support	owed for the current month. This amount does not include
payı	ayments made after/, and respondent shall be credited for any pay n unpaid arrearages at the judgment rate unless the petitioner, in a writing submitted.	ments made thereafter. Interest shall continue to accrue
PAY	AYMENT: Payment shall be made payable to:	
	Petitioner at the address shown in the beginning of the Agreement. The parties shall give the court at least 30 days written notice, in advance, of an address and of any change of telephone number within 30 days of the change. name, address, and telephone number of his/her current employer, and must in status or if Respondent has filed a claim for or is receiving benefits under Title change or filing.	Respondent is required to keep the court informed of the form the court in writing of any change in employment
	 Treasurer of Virginia and sent to Virginia Department of Social Services, Division Richmond, Virginia 23218-0570 unless otherwise instructed by that agency or 1. Check or money order made payable to the Treasurer of Virginia. 2. Print on the check or money order: Your name and social security number Petitioner's name as shown on the first page of this agreement The DCSE ID No. shown on the first page of this agreement. If no number as shown on the front page of this agreement until that number the parties shall give the Virginia Department of Social Services and the court proposed change of residential and, if different, mailing address and of any characteristic required to keep the Virginia Department of Social Services and number of his/her current employer, and must inform the Virginia Department employment status or if Respondent has filed a claim for or is receiving benefit 30 days of the change or filing. 	such number is shown, use this Court's name and case or is sent to you; then start using the DCSE ID No., at least 30 days written notice, in advance, of any ange of telephone number within 30 days of the change. The court informed of the name, address and telephone of Social Services in writing of any change in the under Title 60.2 (unemployment compensation) within
] The parties shall also give each other at least 30 days written notice, in advance address and of any change in telephone number within 30 days after the change	
	EALTH CARE PROVISIONS:	
] Respondent [] Petitioner shall provide health care coverage for the [] child(necessary for the use of such coverage by the dependents	ren) [] spouse and shall deliver the document
[]		ren) [] spouse and shall deliver the document
] Respondent [] Petitioner shall provide vision care coverage for the child(ren such coverage by the dependents.	and shall deliver the document necessary for the use of
	Respondent [] Petitioner presently has health care coverage and shall mainta	in it [] or comparable coverage [] as long as eligible.
	Health Insurance Provider	Policy name
	Name of Policy Holder	
	In the event of any change in health insurance, the responsible party is required responsible party shall inform the Virginia Department of Social Services, if su Virginia Department of Social Services, or the opposing party, if support paym of any changes in the availability of the health care coverage for the minor chil	apport payments are ordered to be paid through the ents are ordered to be paid directly to the opposing party,
[]] The parties agree that "health care coverage" as defined by the statute is not average that neither the Respondent nor the Petitioner will be	ailable at "reasonable cost" as defined by statute, and e required to provide health care coverage.
[]] Any reasonable and necessary unreimbursed medical and dental expenses for e	ach child covered by this agreement shall be paid in the
	following manner: % Respondent	% Petitioner.

M	EDIATION SUPPORT AGREEMENT	Case No					
[]	Reasonable and necessary unpaid expenses of the mother	pregnancy and delivery of a child born during the 6 months before this					
	initial child support proceeding was commenced, [] and	d expenses required under Va. Code § 20-49.8, o	f \$ are				
[]	cause shown or the parties' agreement.						
	dependency exemption and any credits resulting from such exemption for tax years						
	for	for federal and	I state income tax purposes.				
[]	A license, certificate, registration or other authorization to issued by the Commonwealth of Virginia is held by TYPE OF LICENSE		ation, or recreational activity				
	Respondent						
	Petitioner						
	Upon a delinquency of a support payment for a period of 90 days or more, or in an amount of \$5,000 or more, a petition may be filed for suspension of any license, certificate, registration or other authorization to engage in a profession, trade, business, occupation, or recreational activity issued by the Commonwealth. Virginia Code § 20-60.3.						
[]	[] Withholding from income will be ordered payable through the Virginia Department of Social Services by [] court income deduction order or [] administrative order for income withholding. [] Immediate withholding from income will not be ordered, pursuant to this written agreement between the parties.						
Th	e parties further agree that:		•				
[]	[] sole and shared [] split and shared. A copy of the g The parties agree to a child support amount that is differe incorporated in this agreement, for the following reasons:	ent than the amount based on the child support g	uidelines, a copy of which is				
[]	The Respondent is also required to post with the Clerk a	recognizance pursuant to § 20-114 of \$	with/without surety.				
[]	The Respondent shall also pay: \$	reimbursement of costs to the Petitioner due					
	\$ attorneys' fees to the Petitioner's attorney due						
Me	ediation conducted by:						
Th pro by of	NAME OF MEDIATOR NDERSTANDING AND DISCLOSURE: the parties agree that the terms and conditions set forth in this operty and financial information. The parties further under independent legal counsel prior to signing it or have chose record may not waive the opportunity to have this agreement be incorporated into the order for support which we will be a support to the order for the order	stand that they have the opportunity to have this on to waive the opportunity to do so. Notice: As ent reviewed by legal counsel. The parties under	disclosure of all relevant Mediation Agreement reviewed ny party who has legal counsel estand and request that this				
	DATE PETITIONER	DATE	RESPONDENT				
SE	EN: (if represented by counsel)	22					
	DATE ATTORNEY FOR PETITIONER	DATE ATT	ORNEY FOR RESPONDENT				
	DATE ATTORNEY FOR DCSE	-					