
USING THIS REVISABLE PDF FORM

1. Attachments - As appropriate, copies of the following document(s) should be attached to this form:
 - a. Petition
 - b. Motion
 - c. Other Pleading, if applicable
 - d. Order
 - e. Decree
 - f. Agreement(s) of the Parties
 - g. Transcripts
 - h. Other document(s), if applicable
2. Preparation details.
 - a. This form is used by a party or attorney to file social security numbers of the parties and minor children and financial information of the parties that is required to be filed and otherwise would be included in a petition, motion, other pleading, order, decree, agreement(s) or transcripts or other document filed under Chapter 6 of Title 20 of the Code of Virginia. Financial information of any party to list on this form includes identifying account numbers for specific assets, liabilities, accounts and credit cards.
 - b. The attorney or party who prepares or submits a petition, motion, other pleading, order, decree, agreement(s) or transcripts or other document must ensure that any such protected information is removed from the document prior to filing the document with the clerk and included on this form as indicated in Preparation detail 2a.
 - c. Attach additional sheets to this form for other information, as needed.

ADDENDUM FOR PROTECTED IDENTIFYING INFORMATION—CONFIDENTIAL

Case No. 1

Commonwealth of Virginia 2

In the Circuit Court of the City County of 2

3 v. _____

This addendum is filed with the document(s) indicated below, from which the protected identifying information contained herein has been removed by the attorney or party whose signature appears below. This addendum shall be used to distribute such information only as required by law, and may be made available only to the parties, to their attorneys, and to other person(s) as the court may allow.

Petition Motion Order Decree Other Pleading: _____

Agreement(s) of the Parties Transcripts Other: _____

PARTY NAME (LAST, FIRST, MIDDLE)

8

PARTY NAME (LAST, FIRST, MIDDLE)

9

SOCIAL SECURITY NUMBER

10

SOCIAL SECURITY NUMBER

NAME OF ASSET, LIABILITY, ACCOUNT, CREDIT CARD	IDENTIFYING ACCOUNT NO.
11	12

NAME OF ASSET, LIABILITY, ACCOUNT, CREDIT CARD	IDENTIFYING ACCOUNT NO.
13	14

15

CHILD NAME (LAST, FIRST, MIDDLE)

16

SOCIAL SECURITY NUMBER

17

CHILD NAME (LAST, FIRST, MIDDLE)

18

SOCIAL SECURITY NUMBER

Attach additional sheet(s) for other information, as needed.

19

DATE

20

 PARTY 21 ATTORNEY

22

PRINT NAME

22

ADDRESS /TELEPHONE NUMBER OF SUBSCRIBER

22

DATA ELEMENTS

1. Court case number.
2. Check box to indicate city or county and enter name of court.
3. Name of plaintiff.
4. Name of defendant.
5. Check appropriate box.
6. If box for “Other Pleading” or “Other” is checked, identify the document that is being filed.
7. Enter name of party whose information is listed in Data Elements 9, 11 and 12.
8. Enter name of party whose information is listed in Data Elements 10, 13 and 14.
9. Social security number of party listed in Data Element 7.
10. Social security number of party listed in Data Element 8.
11. List names of assets, liabilities, accounts and credit cards of party listed in Data Element 7.
12. List identifying account numbers for items listed in Data Element 11.
13. List names of assets, liabilities, accounts and credit cards of party listed in Data Element 8.
14. List identifying account numbers for items listed in Data Element 13.
15. Enter name of child.
16. Enter social security number of child listed in Data Element 15.
17. Enter name of child.
18. Enter social security number of child listed in Data Element 17.
19. Date form is signed.
20. Signature of party or attorney signing form. Signature not entered online.
21. Check applicable box to indicate party or attorney as subscriber.
22. Printed name, address and telephone number of subscriber.

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