

**Using This Revisable PDF Form**

1. Copies
  - a. Original – to court.
  - b. First copy – to respondent. If more than one respondent, provide copies for each respondent.
2. Preparation - Motion portion and style of case prepared by applicant; remainder prepared by clerk or judge.
3. Attachments – none.
4. Preparation details
  - a. Data Element No. 6 should be used to provide information (facts and legal arguments) justifying the action requested.
  - b. The applicant is the party requesting that the court set aside default judgment.
  - c. The respondent is the other party or parties in the case.

**MOTION TO SET ASIDE DEFAULT JUDGMENT**

Commonwealth of Virginia

VA. CODE § 8.01-428

HEARING DATE **19** CASE NO. **20**

**1** ..... **2**  General District Court  
CITY OR COUNTY .....  Juvenile & Domestic Relations District Court

**3** .....  
STREET ADDRESS OF COURT

I, the undersigned, move this court to set aside the default judgment in the civil case numbered **4** for

- 5** {  a fraud on the court. It has been two years or less since the date of the judgment or decree.  
 a void judgment.  
 an accord and satisfaction (attach proof).  
 the fact that the defendant, at the time of service or process or entry of the judgment, was in military service of the United States for purposes of 50 U.S.C. app § 502 (attach proof).

This motion is based on the following facts and reasons

**6** .....  
.....  
.....  
.....

**7** .....  
DATE OF MOTION

**8** .....  
APPLICANT'S SIGNATURE

**23**

**9** .....  
PRINT NAME OF APPLICANT

**10** .....  
TITLE OF APPLICANT

**MOTION TO SET ASIDE DEFAULT JUDGMENT**

**21** .....  
PLAINTIFFS

v./In re  
**22** .....  
DEFENDANTS

Service on Respondent type required:

- {  Personal Service only  
 Personal or Substituted Service only  
 Mailed on ..... DATE

**NOTICE OF HEARING**

TO: ..... **11** .....  
RESPONDENT

Take notice that a hearing will be held in this Court on

**12** ..... m. on this motion.  
DATE AND TIME

**13** .....  
DATE

**14** .....  
 CLERK  DEPUTY CLERK

It is hereby ORDERED that the motion is  granted **15**  denied  dismissed.

**16** .....

**17** .....  
DATE

**18** .....  
JUDGE

**Data Elements, *front***

1. Jurisdiction name.
2. Check box for type of court.
3. Street address of court.
4. Insert case number of underlying default judgment.
5. Check appropriate box demonstrating basis underlying request for setting aside default judgment identified by Data Element No. 4.
6. Space is provided for information (facts and legal arguments) to support request to aside of default judgment.
7. Date of signing of motion.
8. Signature of party making the motion.
9. Print name of party making the motion.
10. Title of party making the motion.
11. Party or parties in case other than the party named in Data Element No. 9.
12. Date and time of motion hearing.
13. Date of issuance of notice.
14. Signature of clerk.
15. Check applicable box.
16. Insert additional information regarding Data Element No. 15, if appropriate.
17. Date of order.
18. Signature of judge.
19. Same as Data Element No. 12.
20. Current court case number.
21. Name and street address of plaintiff(s).
22. Name of defendant(s) (or name of juvenile) and street address.
23. Check the appropriate box.

**RETURNS: Each defendant was served according to law, as indicated below, unless not found.**

	NAME..... <b>1</b>	.....
	ADDRESS ..... <b>2</b>	.....
	.....	
<b>3</b>	<input type="checkbox"/> PERSONAL SERVICE	Tel. No. .... <b>2</b>
	<input type="checkbox"/> Being unable to make personal service, a copy was delivered in the following manner:	
<b>4</b>	<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
	..... <b>5</b>	
	.....	
	<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
	<input type="checkbox"/> Served on Secretary of the Commonwealth.	
<b>6</b>	<input type="checkbox"/> Not found	..... <b>7</b>
		SERVING OFFICER
	..... <b>8</b>	for ..... <b>9</b>
	DATE	

	NAME.....	.....
	ADDRESS .....	.....
	.....	
	<input type="checkbox"/> PERSONAL SERVICE	Tel. No. ....
	<input type="checkbox"/> Being unable to make personal service, a copy was delivered in the following manner:	
	<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
	.....	
	.....	
	<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
	<input type="checkbox"/> Served on Secretary of the Commonwealth.	
	<input type="checkbox"/> Not found	.....
		SERVING OFFICER
	.....	for .....
	DATE	

**Data Elements, *reverse***

1. Name of person to be summoned. If person is a corporation's registered agent, show name of corporation on second line.
2. Address and telephone number of person to be summoned.
3. Check this box if personal service obtained.
4. Serving officer to check the appropriate box to designate type of substitute service.
5. If served by leaving with a family member over age 16, check appropriate box and insert required information.
6. Check this box if unable to serve process.
7. Signature of serving officer.
8. Date of signature.
9. Name of sheriff if served by deputy sheriff.