

**MOTION TO AMEND OR  
CHANGE AN EXISTING ORDER**

**Support (1 form per issue)**

Commonwealth of Virginia

HENRICO JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT

4201 E. PARHAM ROAD, HENRICO, VA 23228 (804) 501-4688

Case No.: \_\_\_\_\_

_____		
CUSTODIAL PARENT/CUSTODIAN (NAME)		
_____		_____
STREET ADDRESS		APT. #
_____	_____	_____
CITY	STATE	ZIP CODE
_____		
PHONE NUMBER		

v.

_____		
NON-CUSTODIAL PARENT (PERSON WHO PAYS SUPPORT)		
_____		_____
STREET ADDRESS		APT. #
_____	_____	_____
CITY	STATE	ZIP CODE
_____		
PHONE NUMBER		

CHILD: \_\_\_\_\_

DOB: \_\_\_\_\_ M F SSN: \_\_\_\_\_

CHILD: \_\_\_\_\_

DOB: \_\_\_\_\_ M F SSN: \_\_\_\_\_

CHILD: \_\_\_\_\_

DOB: \_\_\_\_\_ M F SSN: \_\_\_\_\_

CHILD: \_\_\_\_\_

DOB: \_\_\_\_\_ M F SSN: \_\_\_\_\_

There is an existing court order dated \_\_\_\_\_ that was entered by the  Henrico J&DR Court  
or  \_\_\_\_\_ Court

What does the current order state? \_\_\_\_\_

What would you like for the order to state? \_\_\_\_\_

What has changed since the entry of the last court order? \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PETITIONER (YOUR SIGNATURE)

\_\_\_\_\_  
CUSTODIAL PARENT/CUSTODIAN (NAME)

\_\_\_\_\_  
STREET ADDRESS                      APT. #

\_\_\_\_\_  
CITY                                      STATE                                      ZIP CODE

\_\_\_\_\_  
PHONE NUMBER

v.

\_\_\_\_\_  
NON-CUSTODIAL PARENT (PERSON WHO PAYS SUPPORT)

\_\_\_\_\_  
STREET ADDRESS                      APT. #

\_\_\_\_\_  
CITY                                      STATE                                      ZIP CODE

\_\_\_\_\_  
PHONE NUMBER

Are you a client of The Division of Child Support Enforcement (DCSE)?

YES

NO

Do you receive Medicaid and/or Family Access to Medical Insurance Security (FAMIS)?

YES

NO

Do you receive Temporary Assistance for Needy Families (TANF)?

YES

NO

Do you receive or do you pay child support through a wage assignment?

YES

NO

**PROPER ATTIRE REQUIRED IN THE COURTHOUSE**  
 - NO HALTER TOPS / TANK TOPS / EXPOSED MIDRIFTS  
 - NO MINI SKIRTS OR SHORT-SHORTS  
 - NO ARTICLE OF CLOTHING SHALL DISPLAY VULGAR, OBSCENE OR OFFENSIVE LANGUAGE  
 - NO EXPOSED UNDERWEAR. PANTS TO BE WORN AT WAIST.  
 - NO HATS EXCEPT W/MEDICAL OR RELIGIOUS EXCEPTIONS  
 - NO CELL PHONES OR PAGERS  
 - NO FOOD, GUM, MATCHES OR LIGHTERS

I certify that a copy has been mailed or delivered to the other party and/or counsel of record.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
YOUR SIGNATURE

**NOTICE**

You are hereby notified that on \_\_\_\_\_ a preliminary hearing will be held by this Court to set the matter for a hearing or to enter an order if the parties have reached an agreement. The issues described on the reverse of this form are the only issues that the Court will consider changing, amending, and/or modifying.

Copy placed in DCSE box.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPUTY CLERK

**SERVICE OF PROCESS ON PARTY TO BE SERVED**

Personal Service

Being unable to make personal service, a copy was delivered in the following manner:

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 to party named above.) \_\_\_\_\_

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.)

Not found

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SERVING OFFICER