## Virginia:

In the Circuit Court of the City of Richmond, John Marshall Courts Building

## FORM MOTION TO SATISFY FINES AND COSTS BY PERFORMING COMMUNITY SERVICE

Pursuant to §19.2-354 and §19.2-354.1 of the Code of Virginia

Commonwealth of Virginia,	
v.	
Full Name:	,
Defendant.	
Case Number(s) for the matters that resulted in the owed f	ines and costs:
COMES NOW the Defendant, <i>pro se</i> , and hereb §19.2-354(C) of the Code of Virginia to authorize hours at a 501 (c) 3 organization to defray the firmatter or these matters under the terms of the Copursuant to §19.2-354(C).	ze the performance of community service nes and costs assessed as owing in this
The Defendant acknowledges receipt of the requirements and Costs which outlines the terms and cooperam. The Defendant further acknowledges must be contacted by phone at (804)646-6553 to	nditions of the Court's Community Service that, to avoid default, the Office of the Clerk
	Signature of Defendant.
	Mailing address of Defendant.
Certificate of	<u>f Mailing</u>
I hereby certify that a true and exact copy of the delivered/mailed first-class to the Office of the	Commonwealth's Attorney at 400 N. 9 <sup>th</sup>
Street, Suite 100, Richmond, VA 23219 on this(year).	s day of (month)
	Cianatura of Dafan Jant
	Signature of Defendant.

PETITION FOR PAYMENT AGREEMENT	Case No(s).	
FOR FINES AND COSTS OR		
REQUEST TO MODIFY EXISTING AGREEMEN Commonwealth of Virginia VA. CODE § 19.2-354.1	T	
Commonwealth of Virginia VII. CODE § 17.2 334.1	[ ] General District Court [ ] Circui	t Court
CITY OF COUNTY	[ ] Juvenile and Domestic Relations D	istrict Court
CITY OR COUNTY		
	COURT ADDRESS	
[ ] Commonwealth of Vincinia		
[ ] Commonwealth of Virginia		NT/JUVENILE
[ ]		
ADDRESS OF DEFENDANT/JUVENILE		ECURITY NO.
CITY CTATE 7D	TEST ED	HOME NO
CITY STATE ZIP		HONE NO.
[ ] I respectfully ask the court to allow me to pay the fi		
owed of \$, plus any additi	onal court-appointed attorney fee, if appli	icable,
<ul><li>[ ] in periodic payments OR</li><li>[ ] in one payment due in full on a future date</li></ul>		
[ ] and I shall try to make periodic payme	ents until that future date AND/OR	
[ ] by doing community service work to earn of		
[ ] I respectfully ask the court to change my existing pa		
Court Debt Owed in Other Courts:		
[ ] I currently owe unpaid fines, costs, forfeiture, restitution	, and/or penalty in other c	ourts.
[ ] I owe a total of \$ in thos	se other courts. [] I do not know the tota	l of unpaid court debt owed.
TOTAL OWED		•
[ ] I pay a total of \$ per mo	onth towards that unpaid court debt.	
[ ] I do not have unpaid court debt in other courts.		
Financial Information:	F DC 222 F	
[ ] The information provided to this court by defendant on I FOR INDIGENT DEFENSE SERVICES, as previously submitted.		ELIGIBILITY DETERMINATION
OR	led, is unchanged.	
[ ] This information is provided to this court below in support	ort of this Petition or Request:	
Public Assistance:	•	
[ ] I currently receive the following type(s) of public assista	ince:	
[ ] TANF \$ [ ] Media		come \$
[ ] SNAP (food stamps) \$	• •	
[ ] I do not receive public assistance.	[ ] Since (openity type and uniount)	
Employment:		
I am employed.		
I am not currently employed and it has been	months since I was last employed.	
Employer(s)		<u>Occupation</u>
Defendant	[] self-employed	
Spouse	[] self-employed	
Number of Dependents		
	<u>Defendant</u>	<u>Spouse</u>
Household Net Income:	•	*
Take-Home Pay (after taxes, etc.)	\$	\$
Pay Period (weekly, every 2 weeks,	\$	\$
twice monthly, monthly)	¢.	\$
Other Income Sources (specify)		\$
Income Contribution of Dependents	\$	•
TOTAL NET INCOME =	<b>&gt;</b>	••••••

	Case No.	
	<u>Defendant</u>	<u>Spouse</u>
Assets:		_
Bank Accounts/Cash on Hand Other Assets (specify)	\$	\$
with avalue of	\$	\$
Real Estate – \$	\$	\$
NET VALUE Motor		
Vehicles ————————————————————————————————————		
Other Personal Property: (describe)		\$
Other reisonal Property. (describe)	φ	φ
TOTAL ASSETS =	\$	
Debts Owed (amount paid per month):		
Car payment	\$	\$
Rent/mortgage payment	\$	\$
Credit card payments	\$	\$
Other monthly payments (not including court debt payments)	\$	\$
TOTAL MONTHLY DEBTS =	\$	••••••
EXCEPTIONAL EXPENSES (Total Exceptional Expenses of Fa	-	
Medical Expenses (list only unusual and continuing expenses)		
Court-ordered child support payments/alimony	\$	
[ ] deducted from paycheck [ ] not deducted from paycheck		
Child-care payments (e.g. day care)	\$	
Other (describe):	1	
	}	
TOTAL EXCL	EPTIONAL EXPENSES \$	
THIS STATEMENT IS MADE UNDER OATH, ANY FALSE STATEMENT IN SHALL CONSTITUTE PERJURY UNDINAXIMUM PENALTY FOR PERJURY IS CONFINEMENT IN I hereby state that the above information is correct to the best of my	ER THE PROVISIONS OF VA. COL THE STATE PENITENTIARY FOR	DE § 18.2-434. THE
DATE	DEFENDANT	
Sworn to and signed before me this		
, 20,		
•	[]CLERK []DEPUT	Y CLERK
FOR NOTARY PUBLIC'S USE ONLY:		
State of [ ] City	County of	
Acknowledged, subscribed and sworn to before me this		
reknowledged, subscribed and sworn to before the this	day 01	
NOTARY REGISTRATION NUMBER	NOTARY PUBLIC	
	(My commission expires:	)
ORDER FOR REQUEST TO MODIFY		
EXISTING PAYMENT AGREEMENT		
Upon request to modify an existing payment agreement,		
[ ] the request is granted based upon a good faith showing of	need, and the new payment agreemen	t is set forth on form
[ ] DC-210, ACKNOWLEDGMENT OF SUSPENSION OR REV		
[ ] CC-1379, ACKNOWLEDGMENT OF SUSPENSION OR REPAYMENT OR INSTALLMENT PAYMENTS.		ER AND NOTICE OF DEFERRED
[ ] the request is denied, and the current payment agreement of	continues in full force and effect	
i and request is defined, and the eartent payment agreement t	onemides in rail force and cricet.	
DATE	[]JUDGE []CLERK [	] DEPUTY CLERK