

DOMESTIC RELATIONS AFFIDAVIT: . Citizens are seen by appointment. (Woodbridge Office) (703) 792-7350 or (Manassas Office) (703) 792-6210. Fill out affidavit completely (3 pages). complete street addresses are required. No in State P.O. Box addresses accepted. DO NOT sign or have notarized. If you have any questions, please leave blank and they will be addressed at your appointment.

CHECK HERE IF ANY PARTY TO THIS PROCEEDING WILL NEED THE SERVICES OF AN INTERPRETER.

(_____)
LANGUAGE

DOMESTIC RELATIONS AFFIDAVIT

CHILD'S NAME: _____ SSN _____ DOB _____ AGE ____ SEX ____ RACE ____

CURRENT ADDRESS: _____ Telephone No. _____
(Street/City/State & Zip)

FATHER'S NAME: _____ SSN _____ DOB _____

ADDRESS: _____ Telephone No. (H) _____ (W) _____
(Street/City/State & Zip)

MOTHER'S NAME: _____ SSN _____ DOB _____

ADDRESS: _____ Telephone No. (H) _____ (W) _____
(Street/City/State & Zip)

LEGAL GUARDIAN/CUSTODIAN NAME: _____ SSN _____ DOB _____
(Only if someone was given custody/guardianship of child in a court)

ADDRESS: _____ Telephone No. (H) _____ (W) _____
(Street/City/State & Zip)

PETITIONER(S) DESIRE(S) TO FILE A PETITION REQUESTING: (Please check)

- _____ CUSTODY - NO CONTROVERSY (Parties agree)
- _____ CUSTODY - MATTER OF CONTROVERSY (Not in agreement)
- _____ VISITATION - NO CONTROVERSY (Parties agreed)
- _____ VISITATION - MATTER OF CONTROVERSY (Not in agreement)
- _____ JOINT CUSTODY - BOTH PARTIES **MUST** BE PRESENT
- _____ RELIEF OF CUSTODY (Wish to be relieved of the care and responsibility of child)
- _____ EMANCIPATION
- _____ PATERNITY

.....
(Please print)

PETITIONER'S RELATIONSHIP TO CHILD: _____ PETITIONER'S SSN _____

PETITIONER'S NAME: _____ DATE (leave blank) _____

PETITIONER'S ADDRESS: _____ Telephone No. (H) _____ (W) _____

PETITIONER'S SIGNATURE: (leave blank) _____

Prince William County / Manassas City / Manassas Park

[] Circuit Court
[X] Juvenile and Domestic Relations District Court

In re: (Child's Name):

I, the undersigned affiant, state the following information under oath:
Petitioner(s) Name

>> **Note:** For categories, 3, 4, and 5 below; Check the appropriate box in each category.

1. The child presently resides at:
ADDRESS

The child commenced residing there on and has resided there continuously to this date.
DATE (Month/Year)

2. The other places where and persons with whom this child has lived during the last five (5) years : (please complete reverse side).

>> 3. I [] have [] have not participated, either as a party, witness, or in any other capacity in any other litigation (court proceeding) concerning custody of or visitation with this child, in any State or foreign country. If yes, complete below:

- a. Name of Court and State or foreign country in which litigation occurred:
- b. When did the litigation occur:
- c. What was the outcome of the litigation:
- d. Attach a copy of all pleadings and Orders filed in this litigation.

>> 4. I [] do [] do not have knowledge or information of any proceeding that could affect this proceeding, including but not limited to custody, visitation, paternity, support, enforcement proceedings, proceedings related to domestic violence, protective orders, abuse and neglect, termination of parental rights and adoptions, which is pending in a court of this or any other State or foreign country. If yes, complete below:

- a. Name of Court and State or foreign country in which proceeding is pending:
- b. Attach a copy of all pleadings filed in the litigation.

>> 5. I [] do [] do not know of any person who is not already named as a party in this proceeding who has physical custody of this child or who claims to have custody or visitation rights with respect to child. If yes:

- a. Name and address of person:
- b. Does this person have physical custody of the child? [] Yes [] No
- c. State why you believe this person claims to have custody/visitation rights to the child:

6. I understand that I have an obligation to promptly inform this court if I later become aware of any other proceedings, including but not limited to custody, visitation, paternity, support, enforcement proceedings, proceedings related to domestic violence, protective orders, abuse and neglect, termination of parental rights and adoptions, either in this or any other State or foreign country that could affect the current proceeding.

Subscribed and sworn to before me on
DATE

SIGNATURE OF AFFIANT

Title:

SIGNATURE

FOR NOTARY PUBLIC'S USE ONLY:

State of [] City [] County of

Acknowledged, subscribed and sworn to before me this day of, 20

.....
NOTARY REGISTRATION NUMBER

NOTARY PUBLIC
(My commission expires:))

AFFIDAVIT (continued) Question #2: Places where and persons with whom the child has lived during the last five (5) years.

DATE **ADDRESS WHERE CHILD RESIDED** **PERSON WITH WHOM CHILD RESIDED** **CURRENT ADDRESS OF PERSON WITH WHOM CHILD RESIDED**

From
To
From
To
From
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To