MEDIATION SUPPORT AGREEMENT (DATED			This Court's Case No.		
Commonwealth of Virginia			DCSE ID No		
	[] Juver	[] Juvenile and Domestic Relations District Court [] Circuit Court			
	STF	REET ADDRESS OF COU	RT		
Petitioner: [] Identifying information not provided Residential Address:	d for good cause shown	v.	Respondent: [] Identifying informat Residential Address:	ion not provided for good cause shown	
Residential Telephone No	0.:		Residential	Telephone No.:	
Mailing Address if Different:			Mailing Address if Different:		
Social Security No. (last 4 digits of Driver's Lic. No. & State: Date of Birth:	nly):		Social Security No. (Driver's Lic. No. & S Date of Birth:	C 27	
Employer:			Employer:		
Address:			Address:		
Telephone No.:			Telephone I	No.:	
] Attorney/ Guardian Ad Litem] Attorney/ Guardian Ad Litem		DCSE Represent Guardian Ad Lite	ative [] Attorney for m for child(ren) [] Mediator	or DCSE
[] The parties agree that [] this NAME SOC.	(these) dependents [] a parent . SEC. # (last 4 digits only)	of the Responden	t in necessitous circum	nstances: RELATIONSHIP TO RESPONDEN	TT
	e Respondent is to pay: per month CURRENT CHII	LD SUPPORT eff	ective	ged in the petition. for all children listed above-limited.	
	for		\$	for	
\$	for		\$	for	
	per month CURRENT SPO				
	per month COMBINED CH				
	per month SUPPORT FOR				
	per month PAYMENT TOWARDS ARREARAGES OF \$				
TOTAL \$ po	er month payable, first payme	ent due on the 1s	^t day of	, and each subse	equent
payment is due on the 1st day o			-		-
Payments may be made in inte		, per	interval	eginning on	••••••

MEDIATION SUPPORT AGREEMENT	Case No.
All support paid shall be credited to current support first and the	te remainder shall be credited to arrearages.
and (i) a full-time high school student, (ii) not self-supporting a reaches the age of nineteen or graduates from high school, whi	however, support shall continue for any child who is over the age of eighteen and (iii) living in the home of the parent receiving child support, until the child chever occurs first; and if any arrearages for child support, including interest of a shall continue in the total amount due until all arrearages are paid. If the diamount cannot be changed except by a court.
[] Support for, a child whom t	he court has determined (i) is severely and permanently mentally
or physically disabled, and such disability existed prior to	the child reaching the age of 18, or the age of 19 if the child was a full-time ome of the parent seeking or receiving child support; (ii) is unable to live home of the parent seeking support.
ARREARAGES:	
[] No arrearages exist as of	
[] \$ child support arrearage owed by Respon	ndent.
[] \$ spousal support arrearage owed by Resp	pondent.
[] \$ unitary (child/spousal) support arrearag	e owed by Respondent.
[] \$ total SUPPORT arrears owed by Res	pondent [] with interest included [] without interest included
[] arrears include an assessment from the effective date	of this order to the first payment due date.
[] This total includes TANF debt or other public funds p	aid prior to the effective date of this order of \$
for months.	
payments made after/, and respondent shall be	it including support owed for the current month. This amount does not include credited for any payments made thereafter. Interest shall continue to accrue in a writing submitted to the court, waives the collection of interest.
OVERAGES:	
[]\$child support overage paid by and owed	to [] Respondent [] Petitioner.
[] \$spousal support overage paid by and ow	red to [] Respondent [] Petitioner.
These overages are calculated as of the date of this Order inclu	
These overages are to be paid as follows:	
PAYMENT: Payment shall be made payable to:	
[] Petitioner at the address shown in the beginning of the As	greement.
address and of any change of telephone number within 30 name, address, and telephone number of his/her current en	ice, in advance, of any proposed change of residential and, if different, mailing days of the change. Respondent is required to keep the court informed of the ployer, and must inform the court in writing of any change in employment benefits under Title 60.2 (unemployment compensation) within 30 days of the
[] Treasurer of Virginia and sent to Treasurer of Virginia – instructed by that agency or this Court and shall contain the	Payments, P.O. Box 28990, Richmond, Virginia 23228-8990 unless otherwise e following:
 Check or money order made payable to the Treas Print on the check or money order: 	urer of Virginia.
number as shown on the front page of this agre	his agreement. If no such number is shown, use this Court's name and case ement until that number is sent to you; then start using the DCSE ID No.
	ervices and the court, at least 30 days written notice, in advance, of any ldress and of any change of telephone number within 30 days of the change.

Respondent is required to keep the Virginia Department of Social Services and the court informed of the name, address and telephone

employment status or if Respondent has filed a claim for or is receiving benefits under Title 60.2 (unemployment compensation) within

number of his/her current employer, and must inform the Virginia Department of Social Services in writing of any change in

[] The parties shall also give each other at least 30 days written notice, in advance of any change of residential and, if different, mailing

address and of any change in telephone number within 30 days after the change.

FORM DC-631 (MASTER, Page 2 of 4) 07/24

30 days of the change or filing.

HE	ALTH CARE PROVISIONS:							
[]								
[]	Respondent [] Petitioner shall provide dental care coverage for the [] child(ren) [] spouse and shall deliver the document necessary for the use of such coverage by the dependents							
[]	Respondent [] Petitioner shall provide vision care coverage for the child(ren) and shall deliver the document necessary for the use of such coverage by the dependents.							
[]	Respondent [] Petitioner presently has health care coverage and shall maintain it [] or comparable coverage [] as long as eligible.							
	Health Insurance Provider							
	Name of Policy Holder							
[]	In the event of any change in health insurance, the responsible party is required to notify the opposing party of the change. The responsible party shall inform the Virginia Department of Social Services, if support payments are ordered to be paid through the Virginia Department of Social Services, or the opposing party, if support payments are ordered to be paid directly to the opposing party, of any changes in the availability of the health care coverage for the minor child or children.							
[]	Any reasonable and necessary unreimbursed medical and dental expenses for each child covered by this agreement shall be paid in the							
. ,	following manner:							
_								
	THER PROVISIONS:							
	Reasonable and necessary unpaid expenses of the mother's pregnancy and delivery of a child born during the 6 months before this							
	initial child support proceeding was commenced, [] and expenses required under Va. Code § 20-49.8, of \$ are							
	[] ordered to be paid							
[]	Respondent [] Petitioner agree to execute the appropriate tax forms or waivers to grant the other party the right to take the income tax							
	dependency exemption and any credits resulting from such exemption for tax years							
	for for federal and state income tax purposes.							
[]	A license, certificate, registration or other authorization to engage in a profession, business, trade, occupation, or recreational activity issued by the Commonwealth of Virginia is held by TYPE OF LICENSE AGENCY GRANTING LICENSE LICENSE NUMBER							
	Respondent							
	Petitioner							
	Upon a delinquency of a support payment for a period of 90 days or more, or in an amount of \$5,000 or more, a petition may be filed for suspension of any license, certificate, registration or other authorization to engage in a profession, trade, business, occupation, or recreational activity issued by the Commonwealth. Virginia Code § 20-60.3.							
[]	Withholding from income will be ordered payable through the Virginia Department of Social Services by [] court income deduction order or [] administrative order for income withholding.							
[]	Immediate withholding from income will not be ordered, pursuant to this written agreement between the parties.							
The	e parties further agree that:							
[]	This agreement was determined based on the following custody guidelines: [] sole [] shared [] split [] multiple shared [] sole and shared [] split and shared. A copy of the guidelines is incorporated in this agreement.							
[]	The parties agree to a child support amount that is different than the amount based on the child support guidelines, a copy of which is incorporated in this agreement, for the following reasons:							

Case No.

MEDIATION SUPPORT AGREEMENT

[] The Respondent is also red	quired to post with the C	lerk a recognizar	ice pursuant to § 20-1	14 of \$ with/with	hout surety.	
[] The Respondent shall also	pay: \$	reimburser	ment of costs to the P	etitioner due		
	\$	\$ attorneys' fees to the Petitioner's attorney due				
If arrearage amount equals 278.18, and may be ordere			ttorneys' fees must b	e ordered pursuant to Virgini	ia Code § 16.1-	
Mediation conducted by:	NAME OF MED		SIGN	ATURE OF MEDIATOR	DATE	
UNDERSTANDING AND D	ISCLOSURE:					
The parties agree that the terms property and financial information by independent legal counsel professor of record may not waive the opagreement be incorporated into law.	tion. The parties further rior to signing it or have portunity to have this ag	understand that the chosen to waive greement reviewe	they have the opportunity to do d by legal counsel.	nity to have this Mediation A o so. Notice: Any party who The parties understand and re	Agreement reviewed has legal counsel equest that this	
DATE	PETITIONER		DATE	RESPONDENT		
SEEN: (if represented by coun	sel)					
DATE	ATTORNEY FOR PETITIONER		DATE	ATTORNEY FOR RESPO	ONDENT	

ATTORNEY FOR DCSE

Case No.

DATE

MEDIATION SUPPORT AGREEMENT