

VIRGINIA:
IN THE CIRCUIT COURT OF FAIRFAX COUNTY

_____*
Complainant,*
vs.* CHANCERY NO. _____*
_____*
Defendant.*

SPOUSAL SUPPORT PENDENTE LITE ORDER

THIS CAUSE came on to be heard upon pending motions for *pendente lite* relief;

NOTICES and INFORMATION:

The parties to this Order have no minor children whom they have a mutual duty to support.

Pursuant to §20-107.1, Code of Virginia, the parties are hereby notified of the following provisions of Virginia law and the parties hereby represent to this Court that the information provided below is true information:

1. The following is true information regarding the parties:
Person responsible for paying spousal support is the: Husband; Wife:
Wife: Name: _____ DoB _____ SSN: _____
Driver's License # _____ - State: _____
Residence: _____ Employer _____
Address: _____ Employer: _____
_____ Address: _____

Telephone #: _____ Telephone #: _____
Mailing Address if different from residence: _____

Husband: Name: _____ DoB _____ SSN: _____

Driver's License # _____ - State: _____

Driver's License # _____ - State: _____

Residence:

Employer

Address: _____

Employer: _____

Address: _____

Telephone #: _____

Telephone #: _____

Mailing Address if different from residence: _____

Note: If any of above information is not provided because of an exception pursuant to §20-107.1.H.1 , state the exception: _____

2. The amount of the spousal support set forth herein is expressed in fixed sums, together with the payment interval and the date the first payment is due.

3. - This Order does contain a health care provision for a spouse or former spouse. **OR**

- This Order does not contain a health care provision for a spouse or former spouse.

4. This parties represent that there are no arrearages in spousal support.

OR

An arrearage in spousal support is set forth in this Order.

5. The parties shall give each other and the court at least 30 days' written notice, in advance, of any change of address and any change of telephone number within 30 days after the change. – **OR**

This Order contains a finding by the Court that for good cause shown this requirement does not apply.

6. The support obligation set forth in this Order, as it becomes due and is unpaid, creates a judgment by operation of law.

WHEREUPON, the Court having considered the statutory factors set forth in the Code of Virginia, and all testimony and evidence submitted and the arguments of Counsel, it is

ADJUDGED, ORDERED and DECREED as follows:

1. Spousal Support:

A. _____ shall pay to _____, as spousal support, the sum of \$_____ per _____, beginning _____ 200__ and to be paid _____, until further order of this Court.

B. This support shall be taxable income to the Recipient and shall be deductible as spousal support by the Payor.

C. Said support shall be payable until the earliest to occur of: (i) the death of either party; (ii) the remarriage of the recipient; or (iii) _____
_____.

D. The spousal support set forth herein was determined:

- By agreement or stipulation of the parties **OR**
- By the Court.

2. Health Care Coverage:

- _____ shall provide health care insurance coverage for _____. The carrier is: _____.

OR

- Health insurance is **not** required by this Order.

3. Arrearages:

- _____ is in arrears in spousal support as of _____, 200__ in the amount of \$_____. Said arrearage is owed to _____ for the period from _____ to _____ and shall be repaid at the rate of \$_____ per _____ in addition to the regular support. Payments of support shall be credited to current support obligations first, with any payment in excess of the current obligation applied to arrearages; **OR**

- No support arrearages exist as of the date of this Order.

4. Marital Residence and Mortgage Payment:

A. _____ is hereby awarded exclusive use and possession of the marital residence at _____.

B. _____ shall pay the mortgage payment (including taxes and insurance) on the parties' marital residence located at _____ until further order of this Court.

5. Preliminary Counsel Fees and Costs:

_____ shall pay to _____, as preliminary counsel fees and costs, the sum of \$_____ to be paid _____.

6. Other Provisions _____:

7. Other Provisions _____:

ENTERED THIS ___ DAY OF _____, 200__.

Judge

SEEN & _____
By: _____
Counsel for Complainant
Address
Address
Phone number
VSB# _____
Counsel For Complainant

SEEN & _____
By: _____
Counsel for Defendant
Address
Address
Phone number
VSB # _____
Counsel For Defendant