# Rockingham County Circuit Court

**SERVING THE RESIDENTS OF ROCKINGHAM COUNTY AND THE CITY OF HARRISONBURG**

## DIVORCE INSTRUCTIONS
## (One-Year Separation)

- The forms are provided as a convenience and were not prepared by the Court or the Clerk's office. No representations are made by the Court or Clerk's office as to the appropriateness of the attached forms or information.

- If you choose to represent yourself, it is your responsibility to know the law.

- A fee of $88.00 is due at the time of filing. An additional $21.00 is required if the wife desires to resume her maiden name. We accept personal checks, cash, money orders and credit cards (Visa, MasterCard, Discover and American Express). There is a 4% surcharge on all credit card transactions. You will need two (2) copies of the complaint. Failure to provide correct amount of copies will result in a fee of 50¢ per page.

- Please bring a valid photo ID with you.

- After the complaint is docketed in the court, you must decide on how to serve your spouse:
    1. This may be done by a sheriff for a fee of $12.00 in the Commonwealth of Virginia.
    2. You may give or mail a copy of the complaint along with a form our office provides and they can accept service via notary.
    3. He or She can come to the Courthouse and accept service from a deputy clerk.

- You will have to appear in court twice; once to review your paperwork and to set a court date, and then for your actual hearing. You will need to bring a witness for your actual hearing.

**THE FORMS NEED TO BE TYPED OR PRINTED NEATLY WITH BLACK INK. FORMS ARE AVAILABLE IN THE CLERK'S OFFICE DEED ROOM FOR COMPLETION. THE JUDGE WILL NOT ACCEPT ANY FORMS THAT ARE NOT LEGIBLE.**

Office hours are 9:00am to 5:00pm, Monday thru Friday, excluding holidays.
Please call the Civil Division at 540-564-3113 or 540-564-3114 for any questions.

**Court personnel are prohibited by law from giving legal advice, restating the law, or recommending legal action. Questions regarding interpretation of the law should be directed to an attorney licensed in the Commonwealth of Virginia.**

**Virginia: In the Circuit Court of Rockingham County**

_____
Plaintiff

_____
Address

_____
City, State & Zip Code

v.

Civil Action No: _____

_____
Defendant

_____
Address

_____
City, State & Zip Code

## Complaint

No Fault (One Year Separation), No Contest

Comes now Plaintiff,_____, and for his/her Complaint, respectfully
Plaintiff

Represents as follows:

**1**. That your plaintiff was lawfully married to the Defendant _____,
Defendant's Name

on _____ in _____.
Date of Marriage Place of Marriage

**2**. ____ That there are no children born or adopted by the parties

**OR**

____ That there were_____ children born or adopted to the parties, whose full
Number

names and date(s) of birth are as follows:

| Name of Child | Date of Birth | Name of Child | Date of Birth |
|---|---|---|---|
| 1) | | 5) | |
| 2) | | 6) | |
| 3) | | 7) | |
| 4) | | 8) | |

That the custody and support of the children named above have been addressed in an Order dated_____ from the Juvenile and Domestic Relations Court for
Date of JDR Order

_____ County/City.

List Case Numbers:_____

**3**. That your Plaintiff is domiciled in and has been a *bona fide* resident and domiciliary of the Commonwealth of Virginia for at least six months immediately proceeding the commencement of this suit

**4**. The parties last cohabitated together in _____.
City or County & State

**5**. That the parties hereto separated on _____ at which
Date of Separation
time it was the intent of one or both of the parties that the separation be permanent, and having lived separate and apart without any cohabitation and without interruption for at least one year proceeding the institution of this suit.

**6**. ____ (If applicable) that on _____ the parties entered into a Property
Date of Property Settlement
Settlement Agreement that decides all property and support issues between the parties and there are no further issues for the Court to determine.

**OR**

____That the parties do not have any property issues to be addressed by the Court.

**7**. That neither of the parties hereto are active members of the Armed Forces of the United States and they both are over the ages of eighteen (18) years.

**8**. There is no hope for reconciliation between the parties.

**WHEREFORE**, Your Plaintiff prays as follows:

That Plaintiff be awarded a *vinculo matrimonii* from the Defendant on the ground of the parties living separate and apart without cohabitation or interruption for a period of one year.

(If applicable), That the Property Settlement Agreement entered into between the parties and dated the _____ be affirmed, ratified and incorporated (but not
Date of Property Settlement
Merged) into the Final Decree of divorce to the extent permitted under Section 20-109.1 of the Code of Virginia, and the parties may be ordered to comply with its terms.

That the provisions of custody, visitation and support contained in the Order dated
_____ from the Juvenile and Domestic Relations Court for
Date of Court Order
_____County/City.

List Case Numbers:_____

Be affirmed and jurisdiction over these matters shall remain with that Court.

____ That the (Plaintiff/Defendant) be restored and confirmed to her/his former name, to-wit: _____, and that he/she may have such other and further relief as nature of this case may require.

Respectfully Submitted,

_____
Plaintiff

Phone/Fax_____

VIRGINIA: IN THE CIRCUIT COURT OF ROCKINGHAM COUNTY

_____
PLAINTIFF

v. CIVIL ACTION No. _____

_____
DEFENDANT

**ADDENDUM FILED PURSUANT TO**
**§20-121.03 OF THE CODE OF VIRGINIA, 1950,**
**AS AMENDED**

This Addendum is filed in the above referenced matter pursuant to §20-121.03 of the Code of Virginia, 1950, as amended. Its distribution is restricted in accordance with the terms of that statute.

The Social Security Number of the Plaintiff is _____. The Social
SOCIAL SECURITY NUMBER

Security Number of the Defendant is _____.
SOCIAL SECURITY NUMBER

The names, dates of birth and Social Security of any children under eighteen (18) years of age who are referred to in the Bill of Complaint are:

| NAME OF CHILD | DATE OF BIRTH | SOCIAL SECURITY NUMBER |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(If additional space is required, file an addition Addendum.)

DATED: _____ _____
PLAINTIFF