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| **WARRANT IN DEBT** (CIVILCLAIM FORMONEY)  Commonwealth of Virginia VA. CODE § 16.1-79  **CHESAPEAKE**  ............................................................................................................................................ General District Court  CITY OR COUNTY  **307 Albemarle Drive, Suite 200B, Chesapeake, VA 23322, PH-757-382-3143 FAX-757-382-3113**  .....................................................................................................................................................................................................  STREET ADDRESS OF COURT  TO ANY AUTHORIZED OFFICER: You are hereby commanded to summon the Defendant(s).  TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on    {HearingDate} {HearingTime}  ................................................................................................ to answer the Plaintiff(s)' civil claim (see below)  RETURN DATE AND TIME  ...................................................... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE ISSUED [ ] CLERK [ ] DEPUTY CLERK [ ] MAGISTRATE  **CLAIM:** Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of  01/01/0001  0.00  0.00  $ ................................ net of any credits, with interest at .................. % from date of ............................. until paid,  0.00  0.00  $ ................................ costs and $ ................................... attorney's fees with the basis of this claim being  **X**  **X**  **X**  **X**  [ ] Open Account [ ] Contract [ ] Note [ ] Other (EXPLAIN)  ............................................................................................................................................................................................................  **X**  **X**  **X**  HOMESTEAD EXEMPTION WAIVED? [ ] YES [ ] NO [ ] cannot be demanded  {Date2}  ................................................. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **X**  **X**  **X**  DATE [ ] PLAINTIFF [ ] PLAINTIFF'S ATTORNEY [ ] PLAINTIFF'S EMPLOYEE/AGENT  **CASE DISPOSITION**  JUDGMENT against [ ] named Defendant(s) [ ] ..........................................................................................................  for $ ........................................... net of any credits, with interest at ...................... % from date  of ....................................... until paid, $ .......................................... costs and $ ..................................... attorney's fees  [ ] and $ .................................................... costs for Servicemember Civil Relief Act counsel fees  HOMESTEAD EXEMPTION WAIVED? [ ] YES [ ] NO [ ] CANNOT BE DEMANDED  [ ] JUDGMENT FOR [ ] NAMED DEFENDANT(S) [ ] ...........................................................................................  ............................................................................................................................................................................................................  [ ] NON-SUIT [ ] DISMISSED ............................................................................................................................................  Defendant(s) Present: [ ] NO [ ] YES ................................................................  ................................................. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE JUDGE | case no. **GV {CaseNumber}**  {PlaintiffName}  .............................................................................................................. PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)  {PlaintiffAddress1}  ..............................................................................................................  {PlaintiffAddress2}  ..............................................................................................................  {PlaintiffPhone}  {PlaintiffAddress3}  ..............................................................................................................  **v.**  {DefendantName}  ..............................................................................................................  DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)  {DefendantAddress1}  ..............................................................................................................  {DefendantAddress2}  ..............................................................................................................  {DefendantAddress3}  ..............................................................................................................  **WARRANT IN DEBT**  TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice on the reverse about requesting a change of trial location.  [ ] To dispute this claim, you must appear on the return  date to try this case.  [ ] To dispute this claim, you must appear on the return  date for the judge to set another date for trial.  Bill of Particulars ......................................... ............................  ORDERED DUE  Grounds of Defense ..................................... ............................  ORDERED DUE  ATTORNEY FOR PLAINTIFF(S)  {AttyForPlaintiff1}  ..............................................................................................................  {AttyForPlaintiff2}  ..............................................................................................................  ATTORNEY FOR DEFENDANT(S)  {AttyForDefendant1}  ..............................................................................................................  {AttyForDefendant2}  .............................................................................................................. | **HEARING DATE**  **AND TIME**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **{HearingDate}**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **{HearingTime}**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  JUDGMENT PAID OR  SATISFIED  PURSUANT TO  ATTACHED NOTICE  OF  SATISFACTION  .................................................  DATE  .................................................  CLERK  **DISABILITY**  **ACCOMODATIONS**  for loss of hearing,  vision, mobility, etc.,  contact the court ahead  of time. |
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{AccountTypeOther}

**RETURNS: Each defendant was served according to law, as indicated below, unless not found.**

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| {ReturnName1}  NAME …....................................................................................  {ReturnName1a}  ….................................................................................................  {ReturnAddress1}  ADDRESS ..................................................................................  {ReturnAddress1a}  ..................................................................................................... | | |  | {ReturnName2}  NAME ......................................................................................  {ReturnName2a}  ...................................................................................................  {ReturnAddress2}  ADDRESS ................................................................................  {ReturnAddress2a}  ................................................................................................... | | |  | {ReturnName3}  NAME ........................................................................................  {ReturnName3a}  .....................................................................................................  {ReturnAddress3}  ADDRESS ..................................................................................  {ReturnAddress3a}  ..................................................................................................... | | | |
| [ ] PERSONAL SERVICE | | Tel. No. ...............................................  {ReturnPhone1} |  | [ ] PERSONAL SERVICE | | Tel.  {ReturnPhone2}  No. ............................................. |  | [ ] PERSONAL SERVICE | | | Tel.  {ReturnPhone3}  No. ............................................... |
| Being unable to make personal service, a copy was delivered in the following manner:  [ ] Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)  [ ] Served on Secretary of the Commonwealth | | |  | Being unable to make personal service, a copy was delivered in the following manner:  [ ] Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)  [ ] Served on Secretary of the Commonwealth | | |  | Being unable to make personal service, a copy was delivered in the following manner:  [ ] Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)  [ ] Served on Secretary of the Commonwealth | | | |
| [ ] NOT FOUND | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | [ ] NOT FOUND | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | [ ] NOT FOUND | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ......................  DATE | SERVING OFFICER  for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | ......................  DATE | SERVING OFFICER  for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | ......................  DATE | SERVING OFFICER  for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **OBJECTION TO VENUE:** | | | | | | |  |  | | | |
| To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:   1. Prepare a written request which contains (a) this court's name, (b) the case number and the â€œreturn dateâ€ as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase â€œI move to object to venue of this case in this court becauseâ€ and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address. 2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff. 3. If you mail this request to the court, you will be notified of the judge's decision. | | | | | | |  | I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on  {Date3}  ........................... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **X**  DATE [ ] Plaintiff  **X**  [ ] Plaintiff's Atty.  **X**  [ ] Plaintiff's Agent | | | |
| Fi. Fa. issued on ..................................................................................  Interrogatories issued on: ......................................................................  Garnishment issued on .........................................................................  .......................................................................................................... | | | |

FORM DC-412, DC-414, DC-428 (REVERSE) REVISED 07/04