

**WARRANT IN DEBT — SMALL CLAIMS DIVISION**

Commonwealth of Virginia V.A. CODE § 16.1-79; 16.1-122.3

CITY OR COUNTY ..... General District Court

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

..... to answer the Plaintiff(s)' civil claim (see below)

DATE ISSUED ..... [ ] CLERK [ ] DEPUTY CLERK [ ] MAGISTRATE

**CLAIM:** Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

\$ ..... net of any credits, with interest at .....% from ..... until paid.  
INTEREST RATE DATE FROM WHICH IS DUE

\$ ..... costs with the basis of this claim being

[ ] Open Account [ ] Note [ ] Other (EXPLAIN)

HOMESTEAD EXEMPTION WAIVED? [ ] YES [ ] NO [ ] cannot be demanded

DATE ..... [ ] PLAINTIFF [ ] PLAINTIFF'S EMPLOYEE

**CASE DISPOSITION**

[ ] JUDGMENT that the Plaintiff(s) recover against [ ] named Defendant(s) [ ]

\$ ..... net of any credits, with interest at .....% from ..... until paid.  
INTEREST RATE DATE FROM WHICH IS DUE

\$ ..... costs

HOMESTEAD EXEMPTION WAIVED? [ ] YES [ ] NO [ ] CANNOT BE DEMANDED

[ ] JUDGMENT FOR [ ] NAMED DEFENDANT(S) [ ]

[ ] NON-SUIT [ ] DISMISSED

Defendant(s) Present? [ ] YES [ ] NO

[ ] Indemnifying bond of \$ ..... [ ] secured [ ] unsecured required for lost instrument  
(Va. Code § 8.01-32)

DATE ..... JUDGE .....

RETURN DATE ..... CASE NO. ....

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL) .....

V.

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL) .....

**WARRANT IN DEBT —  
SMALL CLAIMS DIVISION**

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TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. By law, this case must be tried on the return date above unless all parties agree upon a different date for trial. Other continuances shall be granted by the court only for good cause shown.

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Grounds of Defense ..... ORDERED ..... DUE

JUDGMENT PAID OR  
SATISFIED PURSUANT  
TO ATTACHED NOTICE  
OF  
SATISFACTION

DATE .....

CLERK .....

**DISABILITY ACCOMMODATIONS** for loss of hearing, vision, mobility, etc., contact the court ahead of time.

**Transfer to Another Locality:** If the Defendant believes 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 "return date" as shown on the other side of this form in the top right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) "I move to object to venue of this case in this court because" 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 mailed to court, you will be notified of the judge's decision.

**REMOVAL TO GENERAL DISTRICT COURT**

I, the undersigned defendant, am exercising my right to remove this case to the general district court of this jurisdiction by signing and giving this notice to this court before the case is decided.

DATE \_\_\_\_\_ [ ] DEFENDANT [ ] ATTORNEY FOR DEFENDANT

[ ] oral [ ] written notice of removal has been received this day in this small claims division.

DATE \_\_\_\_\_ [ ] CLERK [ ] JUDGE

NAME .....

ADDRESS .....

PERSONAL SERVICE Tel. 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 relations 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

Served on Clerk of the State Corporation Commission.

NOT FOUND \_\_\_\_\_  
SERVING OFFICER

..... for \_\_\_\_\_  
DATE

NAME .....

ADDRESS .....

PERSONAL SERVICE Tel. 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 relations of recipient to party named above.

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Served on Secretary of the Commonwealth

Served on Clerk of the State Corporation Commission.

NOT FOUND \_\_\_\_\_  
SERVING OFFICER

..... for \_\_\_\_\_  
DATE

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on

DATE \_\_\_\_\_  
[ ] PLAINTIFF  
[ ] PLAINTIFF'S EMPLOYEE