

Petition for Support & Allocation of Custodial Responsibility

* IMPORTANT INFORMATION *

YOUR RIGHTS MAY BE BETTER PROTECTED WITH THE HELP OF AN ATTORNEY.

You may file a Petition for Support and Allocation of Custodial Responsibility without the assistance of an attorney, and represent yourself in Family Court, **BUT** your rights may be better protected with the help of an attorney.

The staffs of the Circuit Clerk's Office and the Family Court are prohibited by law from providing legal advice.

Please notify the Circuit Clerk's Office in advance if you require any special arrangements to fully participate in court proceedings; for example, a language interpreter, hearing or visual aids, or accommodations for physical access.

Instructions

The Petition for Support and Allocation of Custodial Responsibility Packet contains these Instructions, a Petition form, a Bureau for Child Support Enforcement Application and Income Withholding Form, a Civil Case Information Statement form, and a Certificate of Service form. You can use these forms to petition the Family Court to grant you custodial responsibility for a child, and / or to require another person to help support a child.

Read these instructions carefully, and write clearly when you fill out the forms. If the instructions are not followed, or if the forms are not properly completed, your case may be harmed, or delayed. It's best to read all of the instructions before you start filling out the forms. You may want to make a couple of copies of the blank forms before you start filling them out. You can use these spare copies to practice on, or if you make an error.

The forms require you to provide your name, address, and telephone number. **If you believe your safety, liberty, or health, or the safety, liberty, or health of your children would be put a risk by the disclosure of this information, you may file an affidavit to have the information withheld from all persons except court employees who require the information to carry out their duties.** The affidavit you need to file is the Affidavit for Withholding Identifying Information. This affidavit form is not included in this Packet. You can obtain the affidavit at the Circuit Clerk's Office. You can complete and file the affidavit in the Circuit Clerk's Office at any time, or you can ask the Family Court Judge to enter an order allowing you to withhold the information. If your identifying information is withheld, the other

parties' court papers will be served through the Family Court, and not directly on you.

STEP 1. FILL OUT THE FORMS.

Fill out the Petition first. Begin at the top of page 1. Leave the "Civil Action No." blank. Fill in the Petitioner and Respondent(s) names and addresses. There is space for listing two Respondents. If you, the Petitioner, are not the parent of the children who are the subject of the petition, the case will have two Respondents, the children's parents. Provide your current address and phone number unless you are filing the Affidavit for Withholding Identifying Information which is discussed in the introduction to these instructions. Provide a current address and phone number for the Respondent(s) if you can.

After filling in the Petitioner and Respondent information at the top of the page, you can begin filling out the Petition, which involves filling in blanks and checking items that apply to your case. Make certain you read all items carefully, and fully understand what you're doing when you check an item or fill in a blank. After you have filled out the Petition, you will need to fill out a BCSE Application and Income Withholding Form, and a Civil Case Information Sheet form.

After you have completed filling out your forms, you will take them to the Circuit Clerk's Office to file them, and arrange for the Petition to be served on the respondent. You will need copies of the completed originals. The Circuit Clerk's Office will make copies for you, but they are required by law to charge fifty cents a page, so you may want to have your copies made elsewhere. You will need three copies of your Petition; one to be served on the respondent, one for the Bureau of Child Support Enforcement, and one for your records. The original of your Petition will be filed with the Circuit Clerk. You will need two copies of the completed Case Information Statement; you will file the original and both copies with the Circuit Clerk. You will need two copies of the BCSE form; you will file the original and a copy with the Circuit Clerk, and you'll keep a copy.

STEP 2. AT THE CIRCUIT CLERK'S OFFICE.

At the Circuit Clerk's Office, you will file your papers and arrange for your Petition to be served on the respondent.

You can serve your Petition on the local Bureau for Child Support Office by mailing them a copy by first class mail. This will save you money. To do this, you will need to fill out the Certificate of Service form included in this packet. This form verifies that you mailed your Petition to the BCSE. You will file the original of the completed Certificate of Service in the Clerk's Office, and keep a copy for your records. The next two paragraphs describe the methods that can be used to serve your Petition on the respondent.

Personal Service By The Sheriff's Department. The papers are delivered to the respondent by the Sheriff's Department. The Circuit Clerk's Office arranges this type of service after you pay a \$20 fee. If you cannot afford to pay this fee, read the last paragraph in this section.

Personal Service By Private Process Server. The law permits persons other than members of the Sheriff's Department to deliver legal papers, **but**, service cannot be made by a

party to the case, **and** the person serving the papers must be 18 years of age or older. For this type of service to be valid, the person who serves the papers must complete an affidavit which states the papers were served, **and** this affidavit must be filed in the Circuit Clerk's Office without delay.

While you're at the Circuit Clerk's Office, you may want to arrange for witness subpoenas if you think you will need to require a witnesses to come to the hearing on your Petition. The following paragraph explains how to do this. After you're finished in the Circuit Clerk's Office, the next thing you need to do is prepare for your hearing. How to do this is explained in Step 4.

Witness Subpoenas

If you know you will need a witness to testify at a hearing, and you're not certain the witness will voluntarily show up, you will need to subpoena that witness. Witness subpoenas are handled through the Circuit Clerk's Office. To obtain a witness subpoena, you need to provide the Deputy Circuit Clerk with the name and address of the witness, and pay a Clerk's fee of 50¢ per subpoena, and a service fee of \$20 per subpoena, unless your fees have been waived. If you do not request witness subpoenas at the time you file your Petition, you should make certain you do so at least 10 days before the hearing. If you cannot afford to pay the subpoena fees, read the next paragraph.

What to do if you cannot afford to pay fees.

If you cannot afford to pay fees, you should ask a Deputy Circuit Clerk for an affidavit to waive fees and costs. You can fill out the affidavit in the clerk's office. The affidavit requires you to list some basic information about your financial situation. A Deputy Clerk can review your completed affidavit while you wait, and tell you if you meet the legal requirements to have your fees and costs waived. If you don't meet these requirements, you must pay fees and costs, but you can ask the Court to review your affidavit later. Criminal charges can be filed against you if you provide false information on this affidavit.

STEP 4. PREPARING FOR THE HEARING.

After the opposing party has been served with your Petition, you will receive an Order from the Family Court. This Order will state the place, date, and time of your hearing. Make sure you allow plenty of time to prepare for the hearing. These are some of the things you will need to do to prepare.

Make sure you have requested all necessary witness subpoenas. You need to request these subpoenas at least 10 days before the hearing. Return to Step 3 for information on witness subpoenas.

Make a plan for how you will present your case at the hearing. How you will present your case, and what you will need to prove will depend on the claims you have made in your Petition and the relief you have requested from the court. These are some examples of the types of things you might need to prove. If you are asking for support, you will need to show your income and expenses, and you will need to show the respondent has the financial ability to pay the support you are requesting. To make a case relating to the allocation of custodial responsibility, you will need to show why it is in the child's best interest for the court to grant you custodial responsibility, and why the respondent should not have custodial responsibility.

When you begin preparing for your hearing, review your Petition, think about the facts

you have alleged, and the things you are asking the court to do, and decide what you need to prove and how you can prove it. Generally speaking, you can prove things by your testimony, by the testimony of other witnesses, and by documents or records. Make a plan for how you will present your case. It's best to write things down. List the things you want to prove, and for each thing you want to prove, list how you will prove it, by witness testimony, or a document, for example.

Step 5 explains what happens after the hearing.

STEP 5. WHAT HAPPENS AFTER THE HEARING?

The Family Court Judge will consider the evidence presented at the hearing, and make a decision. That decision will be written down in an Order, and copies will be sent to the parties.

End

IN THE FAMILY COURT OF _____ COUNTY, WEST VIRGINIA.

In Re: The Marriage / Children of:

Civil Action No. _____

_____,
Petitioner

and

_____.
Respondent

Current address

Current address

Daytime phone

Daytime phone

PARENTING PLAN

This Parenting Plan is proposed:

Individually by _____, the Mother Father.

* Every Individual Plan must be accompanied by a completed Worksheet.

Jointly by _____, and _____

This plan is proposed for use: Temporarily Permanently Both.

CHILDREN

(List the name, date of birth, and social security number of all children subject to this Parenting Plan.) _____

DECISION MAKING

Two decision-making rules apply to all cases, and all Parenting Plans.

1. The parent with whom a child is residing makes all day-to-day decisions about the care and control of the child.

2. Either parent may make emergency decisions affecting the health or safety of the children, at any time, regardless of the parent with whom the children are residing at the time.

Major Decisions (Use the following list to propose whom you think should make each type of decision.)

Education Mother Father Shared

Medical, dental, eye care Mother Father Shared

<u>Religious matters</u>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Shared
<u>Child care</u>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Shared
<u>Children's Employment</u>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Shared
<u>Motor Vehicle Use</u>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Shared
<u>School and after school activities</u>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Shared
<u>Sports</u>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Shared
<u>Other:</u> _____	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Shared

HOW WILL THE CHILDREN'S TIME BE SHARED BY THE PARENTS

In this section you will propose, from this day forward, how much time you think the children should spend with their mother, and with their father. The first part of this section covers preschool children, the second part covers children in school, and the third part covers holidays for all of the children.

Detailed and accurate proposals of how the children's time will be shared are very important. When a schedule for sharing the children's time is adopted by the Court and made part of a Court Order, that schedule will be the basis for the Court's calculation of child support. For this reason, it is very important for the schedule to show the real number of days the children will spend with each parent.

For example, do not make a 50/50 schedule just to make one parent feel good if you know the children will actually spend 80% of their time with one parent, because if you do, the parent with whom the children spend 80% of the time will end up with child support payments based on a 50/50 schedule, and those payments will be too small to cover the real number of days the children spend with that parent.

When you fill out these schedules, make certain you account for every day of the week, and all of the hours in the day. Make certain you account for the times parents will be on vacation from their jobs. Remember, holidays are covered separately in the third part of this section.

CHILDREN NOT IN SCHOOL.

Children's names: _____.

These children will reside with Mother and Father according to the following schedule.

Mother.

Weekdays: (Mark the day if the children will reside with Mother some or all of that day, then check "all day" if that applies, or fill in the times if all day doesn't apply.)

- Monday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.
- Tuesday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.
- Wednesday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.
- Thursday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.
- Friday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.

Weekends: (Mark the weekends of the month the children will reside with Mother all or part of the weekend, then fill in the time and day blanks.)

First: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.

- Second: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.
- Third: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.
- Fourth: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.
- Fifth: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.

Father

Weekdays: (Mark the day if the children will reside with Father some or all of that day, then check “all day” if that applies, or fill in the times if all day doesn’t apply.)

- Monday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.
- Tuesday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.
- Wednesday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.
- Thursday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.
- Friday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.

Weekends: (Mark the weekends of the month the children will reside with Father all or part of the weekend, then fill in the time and day blanks.)

- First: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.
- Second: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.
- Third: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.
- Fourth: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.
- Fifth: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.

CHILDREN IN SCHOOL.

Children’s names: _____.

These children will reside with Mother and Father according to the following schedule.

Mother.

Weekdays: (Mark the day if the children will reside with Mother some or all of that day, then check “all day” if that applies, or fill in the times if all day doesn’t apply.)

- Monday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.
- Tuesday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.
- Wednesday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.
- Thursday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.
- Friday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.

Weekends: (Mark the weekends of the month the children will reside with Mother all or part of the weekend, then fill in the time and day blanks.)

- First: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.
- Second: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.
- Third: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.
- Fourth: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.
- Fifth: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.

Father

Weekdays: (Mark the day if the children will reside with Father some or all of that day, then check “all day” if that applies, or fill in the times if all day doesn’t apply.)

- Monday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.
- Tuesday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.
- Wednesday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.
- Thursday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.
- Friday: All day. (or) From _____ a.m. / p.m. to _____ a.m. / p.m.

Weekends: (Mark the weekends of the month the children will reside with Father all or part of the weekend, then fill in the time and day blanks.)

- First: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.
- Second: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.
- Third: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.
- Fourth: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.
- Fifth: From ___ a.m./p.m. on _____ to ___ a.m./p.m. on _____.

HOLIDAYS

(The following chart lists nationally recognized holidays, family occasions such as birthdays, and provides space for you to write in other special family occasions. For each holiday or occasion, in the columns “Even Years,” and “Odd Years,” use an “M” or “F” to indicate the parent with whom the children will spend each holiday or other occasion. Then, indicate the exact times the holiday period with the parent will begin and end. If a child will spend part of a holiday with one parent, and part with the other, put a check mark or “x” in the “Split Day” column, and in the “Exchange Time” column indicate when one parent’s time with the child ends, and the other parent’s time begins.)

Holiday	Even Years	Odd Years	Time with the Parent:		Split Day	Exchange Time
			From	To		
New Year’s Eve			a.m./p.m.	a.m./p.m.		a.m./p.m.
New Year’s Day			a.m./p.m.	a.m./p.m.		a.m./p.m.
Martin Luther King Day			a.m./p.m.	a.m./p.m.		a.m./p.m.
President’s Day			a.m./p.m.	a.m./p.m.		a.m./p.m.
Easter			a.m./p.m.	a.m./p.m.		a.m./p.m.
Memorial Day			a.m./p.m.	a.m./p.m.		a.m./p.m.
July 4 th			a.m./p.m.	a.m./p.m.		a.m./p.m.
Labor Day			a.m./p.m.	a.m./p.m.		a.m./p.m.
Thanksgiving			a.m./p.m.	a.m./p.m.		a.m./p.m.
Christmas Eve			a.m./p.m.	a.m./p.m.		a.m./p.m.

Christmas Day			a.m./p.m.	a.m./p.m.		a.m./p.m.
Hanukkah			a.m./p.m.	a.m./p.m.		a.m./p.m.
Kwanza			a.m./p.m.	a.m./p.m.		a.m./p.m.
			a.m./p.m.	a.m./p.m.		a.m./p.m.
			a.m./p.m.	a.m./p.m.		a.m./p.m.
			a.m./p.m.	a.m./p.m.		a.m./p.m.
Other Occasions						
Mother's Day			a.m./p.m.	a.m./p.m.		a.m./p.m.
Father's Day			a.m./p.m.	a.m./p.m.		a.m./p.m.
Mother's Birthday			a.m./p.m.	a.m./p.m.		a.m./p.m.
Father's Birthday			a.m./p.m.	a.m./p.m.		a.m./p.m.
Child's Birthday			a.m./p.m.	a.m./p.m.		a.m./p.m.
Halloween			a.m./p.m.	a.m./p.m.		a.m./p.m.
			a.m./p.m.	a.m./p.m.		a.m./p.m.
			a.m./p.m.	a.m./p.m.		a.m./p.m.
			a.m./p.m.	a.m./p.m.		a.m./p.m.

SUMMER AND OTHER VACATION TIMES:

This plan proposes that in addition to the residential and holiday scheduling listed above, the parents will vary these schedules to divide school/work vacations as described in this section. The parents will work together to make arrangements for specific dates and times for vacation no later than one month in advance of the time requested for vacation.

The child(ren) shall spend (how many?) _____ vacation days weeks with mother and (how many?) _____ vacation days weeks with father.

Dates: _____

DESIGNATION OF LEGAL CUSTODIAN

Federal and state laws require that the parent with whom the children spend the majority of time be designated as the children’s legal custodian. You may choose to alternate the legal custodian between the even and odd years.

Under this Parenting Plan, the designated legal custodian is the:

- Mother
- Father
- Alternates yearly between Mother and Father- *designate a schedule below*
 During evenly numbered years the legal custodian is: Mother *or* Father:
 During oddly numbered years the legal custodian is: Mother *or* Father.

If the parent with whom the children spend the majority of time is not the same for all of the children, you must make separate legal custodian designations.

_____ Legal Custodian: Mother Father Alternating
Child’s name

_____ Legal Custodian: Mother Father Alternating
Child’s name

_____ Legal Custodian: Mother Father Alternating
Child’s name

TRANSFERS OF THE CHILDREN FROM PARENT TO PARENT

When a child’s time with one parent ends, and time with the other parent begins, the Parenting Plan must provide standard arrangements for transferring your child. Propose those arrangements in this section. Part 1 is for weekdays; part 2 is for weekends. *One transfer arrangement is the same in all Parenting Plans. The parent waiting for the children shall always allow the parent bringing the children a 30 minute grace period.*

1. Weekday transfers occur at the:

- Mother’s residence. Father’s Residence. Child’s School.

Other location: (Specific address.) _____

Time of transfer: _____ a.m./p.m.

Other arrangements: (Be specific.) _____

2. Weekend transfers occur at the:

- Mother’s residence Father’s Residence Child’s School

Other location: (Specific address.) _____

Time of transfer: _____ a.m./p.m.

Other arrangements: (Be specific.) _____

TRANSPORTATION ARRANGEMENTS FOR THE CHILDREN

The arrangements for, and costs of everyday transportation will be the responsibility of the parent with whom the child is residing

or

The following arrangements will apply: _____

Special Travel

The arrangements for, and costs of special or unusual travel will be the responsibility of: Mother Father. (Examples: trips by airplane, bus, or train to visit a distant parent, or travel by these methods for school trips.)

or

The following arrangements will apply: _____

TELEPHONE CONTACT BETWEEN PARENTS AND CHILDREN

The parent with whom a child is not residing needs to make special efforts to stay in touch with the child; and the parent with whom a child is residing needs to encourage the child to stay in touch with the other parent. In this section you will propose the arrangements for these communications.

Child calling a parent.

A child may call the parent with whom the child is not residing:

- At any time.
- Weekdays between the times of: _____ a.m. / p.m. *and* _____ a.m. / p.m.
- Weekends and holidays between the times of: _____ a.m. / p.m. *and* _____ a.m. / p.m.

Long distance calls from child to the parent will be paid for by: _____.

Parent calling child.

A parent with whom a child is not residing may call the child:

- At any time.
- Weekdays between the times of: _____ a.m. / p.m. *and* _____ a.m. / p.m.
- Weekends and holidays between the times of: _____ a.m. / p.m. *and* _____ a.m. / p.m.
- Long distance calls from parent to the child will be paid for by the parent making the call.

COMMUNICATION BETWEEN PARENTS

Divorced parents need to regularly communicate with each other to provide the best possible care for their children, and to reduce the stress of divorce on the children. In this section you will propose the arrangements for these parent-to-parent communications.

FIVE REQUIREMENTS APPLY IN ALL CASES. Read each of these five requirements, and check the blanks to show you have read the requirements.

1. The parents will inform each other as soon as possible about all of the children’s school, sports, and other activity schedules to ensure nothing interferes with the children’s participation.

2. The parents will always let each other know their current residence addresses, mailing addresses, home, work, and emergency telephone numbers, and will notify each other within 24 hours of any changes in these matters. BUT, this requirement does not apply in cases in which the Family Court has allowed the withholding of identifying information.
3. The parents will never say anything in the children's presence that would reduce the children's love or affection for either parent.
4. The parents will never allow any person in the children's presence to speak poorly of an absent parent.
5. The parents will never discuss divorce disagreements or financial matters in the children's presence.

The next requirement is optional. *To propose it as a part of your Parenting Plan, check the box.*

- A parent will not schedule activities for the children during the other parent's scheduled parenting time, unless the parent with the parenting time agrees in advance. The only exceptions are:
- _____.

* Use the following space to propose any other communications arrangements you want as part of your Parenting Plan _____

CHANGES IN PARENTING PLAN ARRANGEMENTS

As the children grow, their lives, activities, and schedules will change. In the short term, parents and children will have occasional, unavoidable changes in their schedules. From time to time, such changes will require changes in Parenting Plan arrangements. By agreeing ahead of time how these changes in the Parenting Plan will be handled, you can avoid the time and expense of going back to Family Court.

Two rules always apply to changes.

1. *If one parent requests a non-emergency change in the Parenting Plan arrangements, the parent receiving the request will decide whether to permit the change.*
2. *If a change in Parenting Plan arrangement is required because of an emergency, the parent with custody of the children at the time of the emergency does not require advance agreement of the other parent to make the change, but must notify the other parent of the emergency as soon as possible.*

Proposals for handling *non-emergency* changes in Parenting Plan arrangements.

- A parent receiving a request for a change will never use a request for a change as a bargaining chip, or as a way to punish the parent making the request.
- A parent making a request for a change will make the request:
- In person. By phone. In writing. By E-mail.
- A parent making a request for a change will make the request as soon as possible, but in any event, no less than _____ before the change is to occur.

- A parent receiving a request for a change will respond as soon as possible, but in any event, must respond within _____ after receiving the request.
 - A parent receiving a request for a change will respond:
 - In person. By phone. In writing. By E-mail.
 - A parent requesting a change will be responsible for any additional child care or transportation costs caused by the change.
 - Other arrangements: _____
-

RESTRICTIONS

The Family Court can restrict a parent’s contact with her or his children if the parent has engaged in certain kinds of conduct harmful to the children. To begin, you *must* read the following list of the types of conduct that can require restrictions, and then you *must* read the rest of the Restrictions section and complete the items that apply to your situation.

CONDUCT THAT CAN REQUIRE PARENTAL RESTRICTIONS.

The parent has abused, neglected, or abandoned a child.

The parent has sexually assaulted or abused a child.

The parent has committed acts of domestic violence.

The parent has repeatedly interfered with the other parent’s rights to contact or visit the children. BUT, this situation does not justify restrictions if the parent interfered with the other parent’s access to protect a child’s safety.

The parent has repeatedly made unfounded reports of domestic violence, child abuse or neglect, or sexual abuse.

A Court has issued a restraining order against the parent for domestic or family violence.

The parent has neglected his / her responsibilities for caring for his / her children.

The parent has engaged in alcohol, drug, or other substance abuse that has resulted in that parent neglecting his / her responsibilities for caring for his / her children.

The parent does not have a loving emotional relationship with his / her children.

The parent habitually starts arguments with the other parent, or the children.

NEXT, read the rest of the section, and complete the items you want to propose for your Parenting Plan.

- NO RESTRICTIONS should be included in the Parenting Plan, because neither parent has engaged in any conduct harmful to the children.
- RESTRICTIONS should be included in the Parenting Plan, and these restrictions should be placed on: Mother; Father. These restrictions should be included in the Parenting Plan because he or she has engaged in conduct harmful to the children. If you checked the “Restrictions” blank, you must complete the following section by listing the reasons you think restrictions should be included in the Parenting Plan. (Describe the conduct you think requires restrictions. You may describe the kinds of conduct on the preceding list, or other conduct you think is harmful, even if that conduct is not on the list. If the issuance of a restraining order is the reason for restrictions, you must list the court in which the restraining order was issued, and the case number.)

Reasons for Restrictions: _____

If you checked the "Restrictions" blank, you *must* complete the following items to propose the types of restrictions you want included in the plan.

Supervised Visitation.

- Visitation with the children should be supervised. (If you checked this blank, you must complete the next item.)

Visitation should be supervised by: _____, at the following location: _____.

(You can propose any person you trust, a professional person such as a counselor or psychologist, a minister, or an agency or organization such as a mental health or social services agency or organization. Provide a telephone number for the person or organization you propose; make certain that person or organization has agreed to act as the supervisor, and will attend the hearing at which these arrangements are discussed.)

Supervised Transfers.

- Transfers of the children from one parent to another should be supervised. (If you checked this blank, you must complete the next item.)

Transfers should be supervised by: _____, at the following location: _____.

(You can propose any person you trust, a professional person such as a counselor or psychologist, a minister, or an agency or organization such as a mental health or social services agency or organization. Provide a telephone number for the person or organization you propose; make certain that person or organization has agreed to act as the supervisor, and will attend the hearing at which these arrangements are discussed.)

Other Proposed Restrictions: _____

ADDITIONAL TERMS AND CONDITIONS

The Parenting Plan form is designed to cover most, if not all, necessary matters. However, if you want the plan to address subjects not covered by this form, you need to write a detailed description of the additional terms and conditions you want included in the plan. If you have no additional terms and conditions to include, you must check the following line.

- NO additional terms and conditions.

Additional terms and conditions are: _____

SETTLING DISAGREEMENTS

Despite a good Parenting Plan, and the best intentions of the parents, disagreements may still arise from time to time. These disagreements will be harmful to the children, and to the parents. By agreeing in advance on a way to settle disagreements, you can avoid the time and expense of going back to Family Court. In this section you can propose how you want to settle any disagreements that may arise.

Disagreements about the Parenting Plan should be handled in the following manner:

- Counseling. Conducted by:_____.
- Mediation. Conducted by:_____.
- Other means:_____.

Costs of settling disagreements should be handled as follows:

Mother pays _____% of the costs. Father pays _____% of the costs.

- The person settling the disagreement will decide how the costs are shared.

Parents should notify each other of disagreements in the following manner:

- In writing. In person. By telephone. By certified mail.
- Other: _____.

THE FAMILY COURT’S POWER TO ENFORCE PARENTING PLANS.

Once the Family Court accepts and adopts a Parenting Plan proposed by the parties jointly or individually by one party, the plan becomes a Court Order, and must be obeyed. This means both parents must abide by all of the terms and conditions of the Parenting Plan. Even if one parent violates the Parenting Plan, the other parent does NOT have right to violate the plan in retaliation.

WAYS IN WHICH THE FAMILY COURT CAN ENFORCE A PARENTING PLAN

If the Parenting Plan provides a remedy for a violation of the plan, the Court can use its power to enforce that remedy. If the Court thinks that remedy is inadequate, the Court can enforce another remedy of the Court’s choosing.

If a parent interferes with the other parent’s rights to custody or visitation, the Court can order make-up time to compensate for time missed with the children.

If a parent wrongly caused the other parent to miss time with the children, the Court can award monetary compensation for the missed time, and can award child care costs and other expenses caused by the missed time.

If a parent violates the Parenting Plan, the Court can modify the plan in favor of the parent who did not violate the plan. The Court can change custodial responsibility to favor the non-violating parent, or the Court can grant exclusive custodial responsibility to the non-violating parent.

The Court can order a parent violating a Parenting Plan to submit to counseling.

The Court can order a parent violating a Parenting Plan to pay a civil penalty up to \$100 for a first violation, up to \$500 for a second violation, or up to \$1,000 for a third violation.

The Court can order a parent violating a Parenting Plan to pay the other parent’s court costs, attorney’s fees, and any other expenses that parent incurred to return to Family Court to enforce the Parenting Plan.

You must sign the plan, and the Verification, which appears on this page following the signature lines.

Signatures: *(Mother and father both sign only if submitting a Joint Proposed Parenting Plan.)*

Mother (Print name)

Signature

Date

Father (Print name)

Signature

Date

VERIFICATION

(One parent signs Verification for Individual Proposed Plan. Both Parents sign Verification for Joint Proposed Plan)

I / we, _____, after making an oath of affirmation to tell the truth, say that the facts I / we have stated in this Proposed Parenting Plan are true of my / our personal knowledge; and if I / we have set forth certain matters stated to be upon information given to me / us by others, I / we believe that information to be true.

Parent's Signature

Date

Parent's Signature

Date

This Verification was sworn to or affirmed before me on the ____ day of _____, 20__.

Notary Public

My commission expires:_____.

For Court's Use.

- Accepted as proposed.
- Accepted as modified.
- Not accepted.

Family Court Judge

Date

IN THE FAMILY COURT OF _____ COUNTY, WEST VIRGINIA

Civil Action No. _____

Respondent

Address

Daytime phone

_____,
Petitioner

Address

Daytime phone

and *

Respondent

Address

Daytime phone

PETITION FOR SUPPORT
and / or
ALLOCATION OF CUSTODIAL RESPONSIBILITY

1.

a. The Petitioner is: _____.
(Print your name.)

b. The Petitioner currently resides in _____ County, West Virginia.

c. List the full names, dates of birth, and social security numbers for the children for whom support and / or custodial responsibility is being requested. In the rest of the Petition, “the children” will always mean the children whose names you have listed here.

_____. The Petitioner, at this address: _____ . Someone else, whose name, _____ relationship to the children, and address are: _____

1. During the last five years, if any of the children have lived at addresses other than the address you just listed, list those other addresses below, and list the name and relationship to the children of all adults other than the parents who lived at these addresses with the children. *If there is not enough room in the following space, use an additional sheet of paper.* I have attached _____ additional sheet(s).

2. *Check all of the following items that apply.*

- a. Has the Petitioner been a party or witness in any other proceeding, in any state, concerning the allocation of custodial responsibility for the children? Yes No
- b. Is the Petitioner aware of any other proceeding, past or present, in any state, concerning allocation of custodial responsibility for the children? Yes No
- c. Is the Petitioner aware of any other person, other than the parties to this case, who has physical custody of, or claims any custodial right concerning the children?
 Yes No

3. *Check all of the following items that apply.*

- a. The children have resided in West Virginia for at least 6 months preceding the filing of this case, or from birth, if less than six months old.
- b. The Petitioner believes it is in the best interest of the children for a West Virginia court

to assume jurisdiction of this case, because one or both of the parents have a significant connection to West Virginia, and West Virginia is the location of a substantial number of witnesses and / or other sources of evidence relating to the children's current or future care and personal relationships.

- c. The children are now present in West Virginia, and have been abandoned here.
- d. The children are now present in West Virginia, and the Petitioner believes it is necessary for a West Virginia court to assume jurisdiction of this case on an emergency basis to protect the children, because the children have been subjected to or threatened with mistreatment or abuse, or have otherwise been neglected, or are depending on persons other than their parents.
- e. The Petitioner believes no other state has jurisdiction over this case, and it would be in the children's best interest for a West Virginia court to assume jurisdiction.
- f. Another state has declined to assume jurisdiction over this case on the ground West Virginia is the more appropriate place to decide matters relating to the allocation of custodial responsibility, and for this reason, the Petitioner believes it would be in the children's best interest for a West Virginia court to assume jurisdiction.

4. *Check all of the following items that apply.*

- a. The county in which this case has been filed is the county in which the children currently reside.
- b. The county in which this case has been filed is the county in which: the first Respondent currently resides; the second Respondent currently resides.
- c. The county in which this case has been filed is the county in which the Petitioner currently resides, and: the first Respondent is currently a nonresident of West Virginia; the second Respondent is currently a nonresident of West Virginia.

5. *Check all of the following items that apply.*

- a. The Petitioner is 18 or older. The first Respondent is 18 or older. The second Respondent is 18 or older.
- b. The Petitioner has not been declared legally incompetent. The first Respondent has not been declared legally incompetent. The second Respondent has not been declared legally incompetent.
- c. The Petitioner is not incarcerated. The first Respondent is not incarcerated. The second Respondent is not incarcerated.

d. ___ The Petitioner is in need of support for the care and upbringing of the children.

6.

Answer item a. ONLY if you are a parent of the children .

a. ___ Prior to the parents' separation, both parents performed a reasonable share of the caretaking and parenting functions for the children. For this reason, the Petitioner believes it is appropriate for the parents to continue to share the authority for making significant decisions relating to the children's care and upbringing. The Petitioner also believes custodial responsibility for the children should be allocated in proportion to the time each parent spent in caretaking and parenting functions before the separation.

Answer item b. ONLY if you are NOT a parent of the children .

b. ___ The Petitioner performs the caretaking and parenting functions for the children. For this reason, the Petitioner believes it is appropriate for the Petitioner to have the authority for making significant decisions relating to the children's care and upbringing. The Petitioner also believes custodial responsibility for the children should be allocated to the Petitioner alone.

Answer item c. ONLY if you are a parent of the children .

c. The other parent has: ___ abused, neglected, or abandoned one or more of the children; ___ sexually assaulted or abused one or more of the children; ___ engaged in acts of domestic violence; ___ repeatedly interfered with Petitioner's access to, or contact with one or more of the children; ___ repeatedly made false reports or accusations of domestic violence or child abuse; ___ . For these reasons, the Petitioner believes: ___ It is in the children's best interest that the authority for making significant decisions relating to the children's care and upbringing be allocated to the Petitioner alone. ___ The court should impose limits on the other parent's custody of, and contact with the children. ___ The other parent should not be allocated any custodial responsibility, or permitted any contact with the children unless the court specifically finds such custodial responsibility or contact will not endanger the children, or the Petitioner.

Answer item d. ONLY if you are NOT a parent of the children .

d. The Mother has: ___ abused, neglected, or abandoned one or more of the children; ___ sexually assaulted or abused one or more of the children; ___ engaged in acts of domestic violence; ___ failed to support one or more of the children For these reasons, the Petitioner believes: ___ It is in the children's best interest that the authority for making significant decisions relating to the children's care and upbringing be allocated to the Petitioner alone. ___ The court should impose limits on the Mother's custody of, and

contact with the children. ___ The Mother should not be allocated any custodial responsibility or permitted any contact with the children unless the court specifically finds such custodial responsibility or contact will not endanger the children, or the Petitioner.

Answer item e. ONLY if you, the Petitioner, are NOT a parent of the children .

e. The Father has: ___ abused, neglected, or abandoned one or more of the children; ___ sexually assaulted or abused one or more of the children; ___ engaged in acts of domestic violence; ___ failed to support one or more of the children . For these reasons, the Petitioner believes: ___ It is in the children’s best interest that the authority for making significant decisions relating to the children’s care and upbringing be allocated to the Petitioner alone. ___ The court should impose limits on the Father’s custody of, and contact with the children. ___ The Father should not be allocated any custodial responsibility, or permitted any contact with the children unless the court specifically finds such custodial responsibility or contact will not endanger the children, or the Petitioner.

7. THEREFORE, based on the facts set out in this petition, the Petitioner requests the Court to grant whatever relief the Court deems appropriate, and to grant the following particular relief:

- a. ___ Order _____ to pay a reasonable amount of money for the support of the children.
- b. ___ Prohibit _____ from threatening, harassing, annoying, or abusing the Petitioner or the children, or in any way interfering with the Petitioner’s or children’s personal safety.
- c. ___ Order _____ to maintain health insurance for the children, and to assist with the children’s health care expenses that are not covered by insurance or by a government medical card.

Petitioner’s Signature

Date

You must sign the Verification on the next page before a Notary Public.

VERIFICATION

I, _____, after making an oath or affirmation to tell the truth, say that the facts I have stated in this Petition are true of my personal knowledge; and if I have set forth matters upon information given to me by others, I believe that information to be true.

**CIVIL CASE INFORMATION STATEMENT
DOMESTIC RELATIONS CASES**

IN THE FAMILY COURT OF _____ COUNTY, WEST VIRGINIA

I. CASE STYLE:

**IN RE
THE MARRIAGE/CHILDREN OF:**

PETITIONER

CASE No. _____

Judge _____

Street

City **State** **Zip**

Phone Number : () _____

Social Security #: _____

and

RESPONDENT

**Days to
Answer**

Type of Service

Street

City **State** **Zip**

Phone Number : () _____

Social Security #: _____

Original and _____ copies of petition enclosed/attached.

PETITIONER: RESPONDENT:	CASE NUMBER:
--	---------------------

- I. PLEASE CHECK HERE IF EITHER PARTY SEEKS CHILD SUPPORT OR ALIMONY.
- II. PLEASE CHECK IF A FAMILY VIOLENCE PROTECTIVE ORDER IS NOW IN EFFECT.
- III. TYPE OF CASE OR RELIEF: (Check all that apply)

<input type="checkbox"/> Divorce w/o children <input type="checkbox"/> Divorce w/ children	<input type="checkbox"/> Grandparent Visitation
<input type="checkbox"/> Annulment <input type="checkbox"/> Separate Maintenance	<input type="checkbox"/> Paternity
<input type="checkbox"/> Child Support only	<input type="checkbox"/> Other (specify): _____ _____
<input type="checkbox"/> Child Custody w/o Divorce	

IV. DO YOU OR ANY OF YOUR CLIENTS OR WITNESSES IN THIS CASE REQUIRE SPECIAL ACCOMMODATIONS DUE TO A DISABILITY? YES NO

- IF YES, PLEASE SPECIFY:*
- Wheelchair accessible hearing room and other facilities
 - Interpreter or other auxiliary aid for the hearing impaired
 - Reader or other auxiliary aid for the visually impaired
 - Spokesperson or other auxiliary aid for the speech impaired
 - Other: _____

V. LIST ALL MINOR CHILDREN AFFECTED BY THIS ACTION:

Name	Date of Birth	SSN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attorney Name: _____ Representing: Petitioner Respondent

Firm: _____

Address: _____

Telephone: _____ Dated: _____

Proceeding Without An Attorney _____
Signature

NOTICE

FILING OF FINANCIAL STATEMENTS IN FAMILY COURT PROCEEDINGS EFFECTIVE JULY 1, 2007

THE PETITIONER AND RESPONDENT SHALL FILE AND SERVE ON THE OTHER PARTY A COMPLETED FINANCIAL STATEMENT ON THE FORM APPROVED BY THE SUPREME COURT OF APPEALS WITH ANY PETITION OR ANSWER FILED IN FAMILY COURT PROCEEDINGS.

See Rules of Practice and Procedure for Family Court Rule 9 and 13.

FILED IN

JUN 29 2007

MONROE CO. CIRCUIT COURT
UNION, WEST VIRGINIA 24981

IN THE FAMILY COURT OF _____ COUNTY, WEST VIRGINIA.

In Re:

The Marriage / Children of:

Civil Action No. _____

_____,
Petitioner

and

_____.
Respondent

Address

Address

Daytime phone

Daytime phone

FINANCIAL STATEMENT

This form MUST be completed in ALL DIVORCE, CHILD SUPPORT, AND PATERNITY CASES.

The Petitioner and the Respondent must each complete one of these forms.

The completed form MUST be filed in the Circuit Clerk’s Office and served on the opposing party AT LEAST 5 DAYS BEFORE THE FIRST HEARING. If the Bureau For Child Support Enforcement is a party, the completed form must also be served on their local office.

If your case involves minor children, or either party requests spousal support, you MUST file the following information WITH your completed Financial Statement.

1. A copy of your most recent wage or salary stub showing gross pay, deductions for taxes and other items, and net pay for a normal pay period, and for the year-to-date;
2. Copies of the your and your spouse’s complete income tax returns for the two years immediately preceding the date the petition was filed, together with copies of the federal Form W-2 for those years; and a copy of the Form W-2 for the most recent year for which that form is available, even if a tax return has not yet been filed for that year;
3. For self-employed persons and business owners, a copy of a current financial statement showing gross income, expenses, and net income;
4. Copies of any invoices or receipts showing the cost of any extraordinary medical expenses for the party or the children, of any child care expenses, and of any expenses necessitated by the special needs of the children.

If the information you provide in this form, or file with this form changes after you file the form, you MUST immediately provide the new information.

The information you provide on this form is ONLY for the use in the judicial system, and is required by law and court rule to be kept CONFIDENTIAL.

Read each question carefully. Provide all requested information. Write or print clearly. After you have completed the form, you MUST sign the Verification on the last page before a Notary Public.

Full Name: _____ Social Security No: _____

Address: _____ Phone #: _____

Any physical or mental disability: _____

Age: _____ Education: _____

Employer: _____ Type of work: _____

Employment Address: _____ Phone #: _____

Date Employed: _____ Gross pay per pay period: _____

Paid: ___ Weekly ___ Every two weeks ___ Twice a Month ___ Monthly

Do you receive TANF benefits? _____ If "Yes," list monthly amount: _____

YOUR INCOME: You MUST attach written documentation for all income. For wage earning employees who work fluctuating hours and/or overtime, provide wage history of at least six months, or length of most recent employment, whichever is less. Wage / salary history MUST be documented by W-2 forms, and/or year-to-date figures on the most recent pay stubs. For self-employed individuals, income MUST be verified by documents which show gross income and expenses.

Income Source	Monthly Amount
1. Salary	
2. Wages	
3. Commissions	
4. Bonuses	
5. Tips	
6. Payments from a pension plan	
7. Social Security, SSI	
8. Other: <u>explain</u>	

PROPERTY

List ALL property in which you, and / or your spouse have an interest. In the "Who owns?" column, put "M" for marital property; "H" if separate property of husband; "W" if separate property of wife.

Property Description	Market Value	Amount Owed	Who owns?
Marital Home	\$ _____	\$ _____	_____
Other Real Estate	\$ _____	\$ _____	_____
Mobile Home	\$ _____	\$ _____	_____
Motor Vehicles	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
Household Goods	\$ _____	\$ _____	_____
Checking Accts.	\$ _____	\$ _____	_____
Savings Accts. / CDs	\$ _____	\$ _____	_____
Money Market Certificates	\$ _____	\$ _____	_____
Stocks	\$ _____	\$ _____	_____
Credit Union Accts.	\$ _____	\$ _____	_____
Profit Sharing Plans	\$ _____	\$ _____	_____
Trusts	\$ _____	\$ _____	_____
Stocks / Mutual Funds	\$ _____	\$ _____	_____
Bonds	\$ _____	\$ _____	_____
Pension Plans	\$ _____	\$ _____	_____
IRA / SEP Accts.	\$ _____	\$ _____	_____
Severance Pay; Unemployment	\$ _____	\$ _____	_____
Worker's Comp.	\$ _____	\$ _____	_____
Whole life Insurance	\$ _____	\$ _____	_____

Property Description	Market Value	Amount Owed	Who owns?
Annuities	\$ _____	\$ _____	_____
Guns	\$ _____	\$ _____	_____
Tools	\$ _____	\$ _____	_____
Jewelry	\$ _____	\$ _____	_____
Personal Property not located in Marital Home	\$ _____	\$ _____	_____
Other*; _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

*Other includes, but is not limited to: coin collections; art; state and federal tax refunds; money owed to you or your spouse; business interests; money expected from a lawsuit or settlement; education benefits; patents; copyrights; royalties; contents of safe deposit boxes; and anything else of value.

PROPERTY CONVEYED TO OTHERS

List all real or personal property with a value of \$500.00 or more that was sold, given away, or otherwise transferred by you and / or your spouse within the last 5 years. Describe each such item; list market value when transferred; list type of transfer; provide name of the person to whom property was transferred; list amount received.

DEBTS

List all debts owed by you, and / or your spouse. In the "Whose debt?" column, put "M" for marital debt; "H" if separate debt of husband; "W" if separate debt of wife.

Owed to Whom?	Amount Owed	For what?	Secured by?	Whose debt?
1 _____	\$ _____	_____	_____	_____
2 _____	\$ _____	_____	_____	_____
3 _____	\$ _____	_____	_____	_____
4 _____	\$ _____	_____	_____	_____
5 _____	\$ _____	_____	_____	_____

Total owed: \$ _____ **Total of all monthly payments: \$ _____**

CHILDREN

List the names; ages; birth dates; and social security numbers of all minor children involved in this case. Then, answer the list of questions about the children.

Do your children receive social security benefits? ____ If "Yes," list amount per month: \$ _____

Do your children receive income or wages? ____ If "Yes," list amount per month: \$ _____

Do your children have any special needs that result in extraordinary expenses that should be taken into account when the court sets the amount of child support? ____ If "Yes," explain:

Are child care expenses currently being paid so that the parent who takes care of the children can work or seek work? ____ If "Yes," how much per month? \$ _____ You MUST attach receipts.

Are you the parent of minor children OTHER than the minor children involved in this case? ____

Do you provide support for any disabled adult children? ____ If "Yes," list these children's names, ages, the nature of their disability, and the amount of support you provide each month. You must attach receipts or other documentation for the support you provide.

HEALTH INSURANCE

Is health insurance available to you through your employment? ____ If you answered "No," you MUST provide written verification from your employer that health insurance is not available to you. If you have health insurance from ANY source, you MUST complete the following table.

Insurance company name	
Address	
Policy number	

Group number	
Any other ID numbers	
Persons covered	
Restrictions	
Amount of children's portion of premium	
Deductibles	

Do you have recurring, out of pocket health expenses for yourself or your children that are not covered by insurance? _____ If "Yes," you MUST attach documents that verify these expenses.

CHILD SUPPORT PAYMENTS

Do you currently pay court ordered child support payments for any children OTHER than the children involved in this case? _____ If "Yes," you MUST attach a copy of the Support Order, and records showing your payment history; and you must list the following information for each child: full name; birth date; social security number; monthly payment for that child.

SPOUSAL SUPPORT

If **you** are requesting spousal support, you MUST complete the following list of monthly expenses. These are the amounts you now pay if you are living separate from you spouse. If you have not yet separated, list the amounts you estimate you will have to pay when you do separate.

MONTHLY EXPENSES

Credit card payments; other payments on unsecured debts: \$ _____ Car payments: \$ _____
 Rent or mortgage: \$ _____ Electric: \$ _____ Gas: \$ _____ Water / Sewer: \$ _____
 Trash: \$ _____ Telephone: \$ _____ TV Cable: \$ _____ Food: \$ _____
 Clothing: \$ _____ Gasoline: \$ _____ Car repairs: \$ _____ Car insurance: \$ _____

Health insurance: \$ _____ Other insurance: \$ _____ Explain: _____
Home repair and maintenance: \$ _____ Child care: \$ _____
Entertainment & recreation: \$ _____
Medical & health not covered by insurance: \$ _____ Explain: _____
Other: \$ _____ Explain: _____

TOTAL MONTHLY EXPENSES: \$ _____

IF EITHER YOU OR YOUR SPOUSE IS REQUESTING SPOUSAL SUPPORT, YOU MUST COMPLETE THE REST OF THIS FORM.

Wife's Education

Graduate from high school? ____ If "Yes," what year? ____ If "No," receive a GED? ____ If GED, year? _____

Graduate from technical or trade school? ____ If "Yes," list type of training or degree and year received. _____.

Graduate from college? ____ If "Yes," list degree and year received. _____

Receive a post-graduate degree? ____ If "Yes," list degree and year received. _____

Wife's Employment History

List last four jobs. List employer; position held; dates employment began and ended; monthly salary.

Husband's Education

Graduate from high school? ____ If "Yes," what year? ____ If "No," receive a GED? ____ If GED, year? _____

Graduate from technical or trade school? ____ If "Yes," list type of training or degree and year received. _____.

Graduate from college? ____ If "Yes," list degree and year received. _____

Receive a post-graduate degree? ____ If "Yes," list degree and year received. _____

Husband's Employment History

List last four jobs. List employer; position held; dates employment began and ended; monthly salary.

Wife's Health

Wife's age: _____

Wife's physical health is: _____ Excellent _____ Good _____ Poor If "Poor," explain: _____

Wife's mental and emotional health is: _____ Excellent _____ Good _____ Poor If "Poor," explain:

Husband's Health

Husband's age: _____

Husband's physical health is: _____ Excellent _____ Good _____ Poor If "Poor," explain: _____

Husband's mental and emotional health is: _____ Excellent _____ Good _____ Poor If "Poor," explain: _____

Obtaining Additional Education or Training

Would additional training and / or education help the party seeking spousal support to increase earning ability within a reasonable time? _____ If "Yes," explain what type of training or education; the estimated yearly cost of such training or education; and the length of time it would take to complete this training or education: _____

Additional Information

Explain why you think spousal support should be awarded, or denied: _____

VERIFICATION

I, _____, after making an oath of affirmation to tell the truth, say that the facts I have stated in this Financial Statement are true of my personal knowledge; and if I provided information from other persons, I believe that information to be true. **I understand that deliberately failing to provide complete disclosure, and knowingly providing incorrect information constitute the crime of false swearing.**

Signature

This Verification was sworn to or affirmed before me on the ____ day of _____,
_____.

Notary Public / Other Official

My commission expires:_____.

CERTIFICATE of SERVICE

State of West Virginia
County of _____

I, _____, the person completing this Financial Statement, mailed copies the Financial Statement and all attached documents, by first class mail, postage paid, to:
_____, at the address of _____
_____, at the address of _____
on the ____ day of _____, _____.

Signature

Date

IN THE FAMILY COURT OF MONROE COUNTY, WEST VIRGINIA

PETITIONER

VS:

CIVIL ACTION NUMBER _____

RESPONDENT

NOTICE OF HEARING

TO:

Name

Address

City

State

Zip Code

Parenting Education Class

Date: _____

Time: 2:00 P.M.

Monroe County Courthouse

You are hereby given notice that the undersigned will bring the above-styled action on for final hearing before the FAMILY COURT JUDGE. The hearing will be on the _____ day of _____, 2008, at _____ a.m./p.m., or as soon thereafter as may be heard.

Hearings before the Family Law Master shall be held at the following location: THE FAMILY COURT HEARING ROOM, FIRE HALL BASEMENT, GREEN HILL ROAD, UNION, WEST VIRGINIA .

You may be present to protect your interest.

CERTIFICATE OF SERVICE

I, _____, Petitioner/Respondent in the foregoing action hereby certify that I have sent a copy of this Notice of Hearing to the Petitioner/Respondent at the above address by depositing a true copy of the same in the U. S. Mail, postage prepaid, this the _____ day of _____, 2008.

Form 8

SCA-C-DR-507 — Notice of Hearing**

BUREAU FOR CHILD SUPPORT ENFORCEMENT

APPLICATION AND INCOME WITHHOLDING FORM

This Form MUST Be Completed In All Cases Involving Minor Children or Spousal Support!

County: MONROE

Civil Action No. _____

Withholding services will begin immediately when the Bureau for Child Support Enforcement receives this completed application, which MUST be accompanied by a copy of the current Support Order IF one is now in effect.

Check this blank if a Support Order is NOW in effect.

Petitioner Full Name: _____ Birth date: _____ SSN: _____

Sex: _____ Relationship to children involved in this case: _____

Residence Address: _____

(List complete physical address: county; city; street #; apt. #; zip code.)

Mailing Address: _____

(List mailing address ONLY if different from physical address.)

Daytime phone #: _____ Driver's License #: _____

Respondent Full Name: _____ Birth date: _____ SSN: _____

Sex: _____ Relationship to children involved in this case: _____

Residence Address: _____

(List complete physical address: county; city; street #; apt. #; zip code.)

Mailing Address: _____

(List mailing address ONLY if different from physical address.)

Daytime phone #: _____ Driver's License #: _____

Dependents (List full name; sex; birth date; social security #; and custodian for each dependent.)

Income Withholding (List complete address of the employer or other source of income to which an Income Withholding Notice should be sent.)

Check this blank if YOU WOULD FEAR FOR YOUR SAFETY, or THE SAFETY OF YOUR CHILDREN if your address and telephone number are disclosed.

Check this blank if you currently receive TNAF benefits.

CONTINUE ON NEXT PAGE

Check this blank if you or one of your children currently receives a DHHS Medical Card.

Check this blank if you currently receive, or have applied for DHHS Child Support Services.

IF YOU CHECKED any of the four items immediately above, skip to the end of the form, SIGN on the line provided, and you are done.

IF YOU DID NOT CHECK any of the four items immediately above, YOU MUST CONTINUE!

I understand that unless otherwise directed by the court, any court ordered support **MUST** be collected by the BCSE through Income Withholding.

YOU MUST CHOOSE ONE OF THE THREE FOLLOWING OPTIONS!

OPTION # 1.

I am applying for FULL SERVICES from the BCSE. I understand that full services include, but are not limited to the following: *Collection and distribution of support payments. *Collection and enforcement of support by income withholding. *Establishment and enforcement of Support Orders. *Establishment of paternity. *Enforcement of Support Orders through Federal and State Tax offsets, unemployment compensation intercepts, and workers' compensation intercepts. *Location of parent(s). *Interstate services.

As an applicant for FULL SERVICES, I AGREE to comply with the following requirements:

1. I understand I **MUST** assist the BCSE to establish and enforce paternity, child support, and medical support, and to collect child and spousal support. I understand this assistance may include providing information about the non-custodial parent, and responding promptly and completely to requests from the BCSE. I understand I may be required to testify as a witness in court, or in other proceedings.
2. I understand that I am free to pursue legal actions through a private lawyer, but that I must inform the BCSE if I do this.
3. I understand that I **MUST** repay all money received in error to which I am not entitled.

OPTION # 2.

I am applying for Income Withholding Services **ONLY**.

OPTION # 3.

I **DID NOT CHECK** Option #1 or Option #2. I do not want services from the BCSE at this time.

I understand that even though I have not requested services at this time, I can request services at any time by applying at the BCSE office in the county in which I live.

I CERTIFY that I have read and understand all statements on this application, and that all information I have provided is TRUE and ACCURATE to the best of my knowledge.

Signature: _____ Date: _____