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.

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Instructions

The Petition for Support and Allocation of Custodial Responsibility Packet contains instructions, a Domestic Case Information Sheet, Petition form, a Bureau for Child Support Enforcement Application, Parent Education Form, Financial Disclosure Statement 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 you or your children's safety, liberty, or health, would be put at 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: COMPLETING THE FORMS

- Domestic Case Information Sheet – need original and two copies
- Petition Form – need original and ONE COPY
- Parent Education Form – original
- Bureau for Child Support Enforcement Application – original and one copy
- Financial Disclosure Statement – original only
- Certificate of Service – original only

The following court costs must be paid when you file these forms: NO PERSONAL CHECKS

1)	Filing Fee	$ 200.00	
2)	Service Fee	$ 30.00 (if by sheriff)	$20.00 (if by mail)
3)	Parenting Fee	$ 25.00	

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 that is discussed in the introduction to these instructions. Provide a current address and phone number for the Respondent(s) if you can.

After filing 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 Domestic 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 upon the respondent(s). You will need copies of the completed originals and outlined above. 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.

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 for included in this packet. This form verifies that you mailed your Petition to the BCSE. You will file the original of the complete 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(s) 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 others 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 that states the papers were served and this affidavit must be filed in the Circuit Clerk's office without delay.

Service by Certified Mail, Return Receipt Requested, Restricted Delivery. The papers are mailed to the respondent and the Circuit Clerk's office arranges this type of service after you pay a $20 fee. The Respondent must sign for the certified mail themselves or else the service is not valid. If you cannot afford to pay this fee, read the last paragraph in this section.

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 Circuit 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. Criminal charges can be filed against you if you provide false information on this affidavit.

STEP 3: 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 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 4: 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.

IN THE FAMILY COURT OF MONONGALIA COUNTY, WEST VIRGINIA

IN RE:
The Marriage / Children Of:

Case No. _____

Judge: _____

_____, and _____.
Petitioner *(First/Middle/Last)* Respondent *(First/Middle/Last)*

PETITIONER'S CIVIL CASE INFORMATION STATEMENT
DOMESTIC RELATIONS CASES

PETITIONER'S IDENTIFYING INFORMATION	IMPORTANT NOTICE
_____ Street Address _____ City / State / Zip Code ( ) - _____ ☐ Male / ☐ Female Phone Number - - _____ / / _____ Social Security Number Date of Birth Race: ☐ American Indian/Alaskan Native ☐ Hispanic ☐ Asian or Pacific Islander ☐ Black ☐ Unknown ☐ White	☐ Check this box if you wish to keep the information in this box **CONFIDENTIAL** because you fear for your safety and/or the safety of your children. If the box above is checked, this page is sealed in the file and **NOT TRANSMITTED** with the Petition and Summons. You must complete the form, Affidavit To Withhold Identifying Information, and file it at the Circuit Clerk's Office.

DAYS TO ANSWER: _____ TYPE OF SERVICE: _____

☐ YES ☐ NO Do you or any of your clients or witnesses in this case require special accommodations due to a disability?

IF YES, 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: _____

Original and _____ copies of petition enclosed/attached.

PETITIONER: _____ **Case No.** _____

RESPONDENT: _____

1. RESPONDENT'S IDENTIFYING INFORMATION

_____
Street Address

_____
City / State / Zip Code

( ) - ☐ Male / ☐ Female
Phone Number

- - / /
Social Security Number Date of Birth

Race: ☐ American Indian/Alaskan Native ☐ Hispanic
☐ Asian or Pacific Islander ☐ Black
☐ Unknown ☐ White

2. TYPE OF CASE RELIEF
(Check All That Apply)

- ☐ Divorce Without Children
- ☐ Divorce With Children
- ☐ Grandparent Visitation
- ☐ Annulment
- ☐ Separate Maintenance
- ☐ Child Support Only
- ☐ Child Custody Without Divorce
- ☐ Paternity
- ☐ Modification
- ☐ Contempt
- ☐ Infant Guardianship
- ☐ Other *(specify)*:

_____

3. ☐ YES ☐ NO Is either party seeking child support or alimony?

4. ☐ YES ☐ NO Is a Domestic Violence Protective Order in effect now?

5. ☐ YES ☐ NO Is there an active Child Protective Services (CPS) investigation of the children or was an investigation conducted in the last year prior to filing this action?

6. List all minor children affected by this action:

Name	Date of Birth	Social Security Number
	/ /	- -
	/ /	- -
	/ /	- -
	/ /	- -

7. ☐ I am proceeding without an attorney.

OR

☐ I have an attorney. *(Complete attorney information below.)*

Attorney Name: _____

Firm: _____

Address: _____

Telephone: ( ) -

Dated: _____ _____
Signature

ORIGINAL AND ONE COPY

IN THE FAMILY COURT OF MONONGALIA COUNTY, WEST VIRGINIA

Civil Action No. _____

_____,
Petitioner

_____
_____
Address

_____
Daytime phone

and *

_____.
Respondent

_____
_____
Address

_____
Daytime phone

_____.
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.

Name Date of Birth Social Security Number

_____

_____

_____

_____

_____

d. What is the Petitioner's relationship to the children? _____.

e. What is the Petitioner's relationship to the Respondent(s) listed above?

_____

f. What is the Children's relationship to the Respondent(s) listed above?

_____

g. The first Respondent listed above currently resides:

___ at an address unknown to the Petitioner.

___ in _____ County, West Virginia.

___ outside the state of West Virginia, where the last known address was _____

_____.

h. The second Respondent listed above currently resides:

___ at an address unknown to the Petitioner.

___ in _____ County, West Virginia.

___ outside the state of West Virginia, where the last known address was _____

_____.

i. The parents of the children last cohabited together in _____ County, in the state of _____, on the date of _____.

___ Do not know.

j. Are the parents of the children currently expecting another child? ___ Do not know.

___ No ___ Yes If "*yes*," what is the due date? _____

k. The children currently reside with: ___ Mother, at this address: _____

_____. ___ Father, at this address: _____

_____. ___ 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 <u>must</u> sign the Verification on the next page <u>before a Notary Public</u>.

<u>VERIFICATION</u>

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.

_____

Signature Date

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

_____

Notary Public / Other official

My commission expires:_____.

ORIGINAL AND ONE COPY

IN THE FAMILY COURT OF MONONGALIA COUNTY, WEST VIRGINIA

IN RE:
The Marriage / Children Of:

Civil Action No. _____

_____, and _____.
Petitioner *(First/Middle/Last)* Respondent *(First/Middle/Last)*

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 at the time of filing the Petition for Divorce and/or the Answer to Divorce Petition, and a copy must be served on the opposing party. If the Bureau For Child Support Enforcement is a party, a copy of 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 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 changes, or any information you file along with this form changes, you MUST immediately provide the new information. Any updates or changes to the financial statement must be filed in the Circuit Clerks office, and a copy served on the opposing party, pursuant to the scheduling order of the Court. If you do not have a scheduling order, then the information must be filed at least 5 days prior to any hearing.

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

☐ **Check this box if you have filed the Affidavit for Withholding Identifying Information.**

If this box is checked you do not have to provide your home or employment address or telephone.

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: _____ Date of Birth: ____ / ____ / ____

Address: _____

Phone Number: (____) ____ - ____ Age: _____

Any Physical or Mental Disability: _____

Education:

☐ Less than High School ☐ High School or Equivalent ☐ Vocational ☐ College ☐ Postgraduate

Employer: _____ Type of Work: _____

Employer Address: _____

Phone Number: (____) ____ - ____ Date Employed: ____ / ____ / ____

Gross Pay Per Pay Period: $_____

Paid: ☐ Weekly ☐ Every Two Weeks ☐ Twice a Month ☐ Monthly

☐ Yes ☐ No: 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	INCOME SOURCE	MONTHLY AMOUNT
1. Salary	$	6. Payments from a Pension Plan	$
2. Wages	$	7. Social Security, SSI	$
3. Commissions	$	8. Severance Pay, Unemployment	$
4. Bonuses	$	9. Worker's Compensation	$
5. Tips	$	10. Other *(explain below)*	$

Other Income *(from No. 10)*: _____

PROPERTY

List ALL property in which you, and /or your spouse have an interest. In the "Who owns?" column, check "M" for marital property; "P" if separate property of Petitioner; "R" if separate property of Respondent.

PROPERTY DESCRIPTION	MARKET VALUE	AMOUNT OWED	WHO OWNS
Marital Home	$	$	☐ M ☐ P ☐ R
Other Real Estate	$	$	☐ M ☐ P ☐ R
Mobile Home	$	$	☐ M ☐ P ☐ R
Motor Vehicles	$	$	☐ M ☐ P ☐ R
	$	$	☐ M ☐ P ☐ R
	$	$	☐ M ☐ P ☐ R
Household Goods	$	$	☐ M ☐ P ☐ R
Checking Accounts	$	$	☐ M ☐ P ☐ R
Saving Accounts / CDs	$	$	☐ M ☐ P ☐ R
Money Market Certificates	$	$	☐ M ☐ P ☐ R
Stocks	$	$	☐ M ☐ P ☐ R
Credit Union Accounts	$	$	☐ M ☐ P ☐ R
Profit Sharing Plans	$	$	☐ M ☐ P ☐ R
Trusts	$	$	☐ M ☐ P ☐ R
Stocks / Mutual Funds	$	$	☐ M ☐ P ☐ R
Bonds	$	$	☐ M ☐ P ☐ R
Pension Plans	$	$	☐ M ☐ P ☐ R
IRA / SEP Accounts	$	$	☐ M ☐ P ☐ R
Whole Life Insurance	$	$	☐ M ☐ P ☐ R
Annuities	$	$	☐ M ☐ P ☐ R
Guns	$	$	☐ M ☐ P ☐ R
Tools	$	$	☐ M ☐ P ☐ R
Jewelry	$	$	☐ M ☐ P ☐ R
Personal Property Not Located In Marital Home	$	$	☐ M ☐ P ☐ R
*Other	$	$	☐ M ☐ P ☐ R
	$	$	☐ M ☐ P ☐ R

*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, check "M" for marital debt; "P" if separate debt of Petitioner; "R" if separate debt of Respondent.

OWED TO WHOM?	AMOUNT OWED	FOR WHAT?	SECURED BY?	WHOSE DEBT?
	$			☐ M ☐ P ☐ R
	$			☐ M ☐ P ☐ R
	$			☐ M ☐ P ☐ R
	$			☐ M ☐ P ☐ R
	$			☐ M ☐ P ☐ R
	$			☐ M ☐ P ☐ R
	$			☐ M ☐ P ☐ R
	$			☐ M ☐ P ☐ R
	$			☐ M ☐ P ☐ R
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 below about the children.

NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY NO.
		/ /	- -
		/ /	- -
		/ /	- -
		/ /	- -
		/ /	- -
		/ /	- -
		/ /	- -

☐ Yes ☐ No: Do your children receive social security benefits?

If "Yes," list amount per month: $_____.

☐ Yes ☐ No: Do your children receive income or wages?

If "Yes," list amount per month: $_____.

☐ Yes ☐ No: 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: _____

_____.

☐ Yes ☐ No: 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.

☐ Yes ☐ No: Are you the parent of minor children OTHER than the minor children involved in this case?

☐ Yes ☐ No: 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.

NAME	AGE	AMOUNT PER MONTH	NATURE OF DISABILITY
		$	
		$	
		$	
		$	
		$	
		$	
		$	

HEALTH INSURANCE

☐ Yes ☐ No: 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**	**OTHER ID NO.**	**RESTRICTIONS**
PERSONS COVERED		**DEDUCTIBLES**	**CHILDREN'S PORTION OF PREMIUM (AMT)**
		$	$

☐ Yes ☐ No: 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

☐ Yes ☐ No: 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.

FULL NAME	DATE OF BIRTH	SOCIAL SECURITY NO.	MONTHLY PAYMENT
	/ /	- -	$
	/ /	- -	$
	/ /	- -	$
	/ /	- -	$
	/ /	- -	$
	/ /	- -	$
	/ /	- -	$

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 your spouse. If you have not yet separated, list the amounts you estimate you will have to pay when you do separate.

MONTHLY EXPENSES

ITEM	MONTHLY AMOUNT	ITEM	MONTHLY AMOUNT
Credit Card Payments/Other Payments on Unsecured Debts:	$	Rent or Mortgage:	$
Car Payments:	$	Home Repair / Maintenance:	$
Car Repairs:	$	Electric:	$
Car Insurance:	$	Water / Sewer:	$
Gasoline:	$	Gas:	$
Food:	$	Trash:	$
Clothing:	$	TV / Cable:	$
Child Care:	$	Telephone:	$
Health Insurance:	$	Entertainment / Recreation:	$
Other Insurance:	$	Explain:	
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.

PETITIONER INFORMATION

PETITIONER'S EDUCATION

☐ Yes ☐ No: Graduate from high school?

If "Yes," what year? _____

☐ Yes ☐ No: Receive a GED?

If "Yes," what year? _____

☐ Yes ☐ No: Graduate from technical or trade school?

If "Yes," list type of training or degree and year received.

_____

☐ Yes ☐ No: Graduate from college?

If "Yes," list degree and year received.

_____

☐ Yes ☐ No: Receive a post-graduate degree?

If "Yes," list degree and year received.

_____

PETITIONER'S EMPLOYMENT HISTORY

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

EMPLOYER	POSITION	BEGIN DATE	END DATE	MONTHLY GROSS INCOME
		/ /	/ /	$
		/ /	/ /	$
		/ /	/ /	$
		/ /	/ /	$

PETITIONER'S HEALTH

Petitioner's Age: _____

Petitioner's physical health is: ☐ Excellent ☐ Good ☐ Poor. If "Poor," explain:

_____

_____

Petitioner's mental and emotional health is: ☐ Excellent ☐ Good ☐ Poor. If "Poor," explain:

_____

_____

RESPONDENT INFORMATION

RESPONDENT'S EDUCATION

☐ Yes ☐ No Graduate from high school?

If "Yes," what year? _____

☐ Yes ☐ No Receive a GED?

If "Yes," what year? _____

☐ Yes ☐ No: Graduate from technical or trade school?

If "Yes," list type of training or degree and year received.

_____

☐ Yes ☐ No Graduate from college?

If "Yes," list degree and year received.

_____

☐ Yes ☐ No Receive a post-graduate degree?

If "Yes," list degree and year received.

_____

RESPONDENT'S EMPLOYMENT HISTORY

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

EMPLOYER	POSITION	BEGIN DATE	END DATE	MONTHLY GROSS INCOME
		/ /	/ /	$
		/ /	/ /	$
		/ /	/ /	$
		/ /	/ /	$

RESPONDENT'S HEALTH

Respondent's Age: _____

Respondent's physical health is: ☐ Excellent ☐ Good ☐ Poor. If "Poor," explain:

_____

_____

Respondent's mental and emotional health is: ☐ Excellent ☐ Good ☐ Poor. If "Poor," explain:

_____

_____

OBTAINING ADDITIONAL EDUCATION OR TRAINING

☐ Yes ☐ No: 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 to the best of my personal knowledge and belief; and if I provided information from others, 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 _____, 20_____.

_____
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 of 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 _____, 20_____.

_____ _____
Signature Date

BUREAU FOR CHILD SUPPORT ENFORCEMENT

APPLICATION AND INCOME WITHHOLDING FORM

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

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 box 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 No: _____ *Driver's License No:* _____

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 No: _____ *Driver's License No:* _____

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.)

_____

Pursuant to the Privacy Act [5 U.S.C. 522a], the Bureau for Child Support Enforcement (BCSE) is required to inform you of the following: (a) that the request for your social security number is a mandatory requirement pursuant to the Social Security Act [42 U.S.C. 466(a)(13)]; and (b) the BCSE will use this information only in connection with the State's child support enforcement program for purposes of establishing paternity and establishing, modifying, and enforcing support obligations.

CONTINUED ON NEXT PAGE

☐ Check this box if you or your children currently receive TANF benefits.

☐ Check this box if you currently receive, or have applied for DHHR's Child Support Services.

IF YOU CHECKED any of the two 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 two 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: _____

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

Family Court Parent Education

Online Registration Code:

Rule 37. Rules of Practice and Procedure for Family Court
WV Code §48-9-104

☐ *Paid* ☐ *Waived*

Name:_____ **County:** MONONGALIA **Case No.**_____

Mailing Address:_____ **Phone No.**_____

Course Content — The Administrative Office of The Supreme Court of Appeals of West Virginia has approved the online class, Children in Between–Online offered through The Center for Divorce Education, to satisfy the Parent Education requirement in the absence of in-person classes. The curriculum was designed to educate and instruct parents about the following topics:

(1) how to prepare a parenting plan;

(2) mediation and other non-judicial methods available to assist parents in achieving agreement on a parenting plan;

(3) the negative effects on children of divorce and family dissolution, and the ways in which parents can lessen those negative effects;

(4) the negative effects on children of domestic abuse;

(5) resources available for dealing with domestic abuse.

Mandatory attendance — In proceedings involving minor children, the parents shall be required to complete parent education and shall file with the circuit clerk a certificate of completion. For good cause shown, parent education may be waived if the court places on the record a finding attendance is not necessary and states the specific reasons for the finding. In the absence of such a waiver, parent education shall be completed by both parents prior to any mediation or other non- judicial dispute resolution undertaken to achieve agreement on a parenting plan. If mediation or other non-judicial dispute resolution is not required, parent education shall be completed by both parents prior to the final hearing. If one or both parents have failed to timely complete parent education, the court may halt proceedings, and in such circumstances shall enter a scheduling order setting the next hearing for a date certain and requiring the parents to complete parent education prior to that hearing. For good cause shown the court may conduct proceedings despite the failure of one or both parents to timely complete parent education.

Cost — $25 fee per class; paid to the Circuit Clerk in the county of your case. **Contact your local Circuit Clerk office to learn the acceptable methods of payment.** Retain a copy of the receipt. The cost of the class is waived if the participant files a Financial Affidavit & Application (fee waiver) and is approved.

Attend a Class — Children in Between is offered online to provide convenience and ease for all participants with an in-person class option available to those requesting accommodation. In-person, classes may not be held in your county and will only be offered periodically as needed.

If online attendance is not possible the Court Services Division of the Supreme Court of Appeals of West Virginia will assist you in registering for an in-person class. You may contact the office at 304-558-6831 or Parent.Education@courtswv.gov.

06/2020

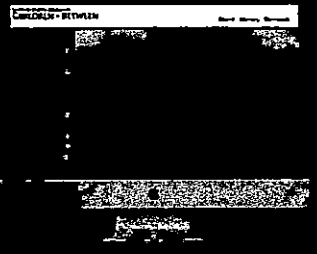
PLEASE SEE OTHER SIDE

THE ONLY ONLINE CLASS
APPROVED BY THE SUPREME COURT
OF APPEALS OF WEST VIRGINIA

THE CENTER FOR DIVORCE EDUCATION'S

CHILDREN IN BETWEEN® ONLINE

divorce-education.com/west-virginia



Award Winning Class
Available 24/7
Just 3-5 Hours to Complete*
Instant Certificate

*Some jurisdictions have minimum time requirements

COMPATIBLE WITH:

DESKTOP LAPTOP TABLET PHONE

DISPONIBLE EN ESPAÑOL

THE CENTER FOR DIVORCE EDUCATION'S

CHILDREN IN BETWEEN® ONLINE

- Quickly learn skills to protect your children from emotional harm caused by the common conflicts experienced during divorce and separation.

- To access the program you will need:
  1. An internet ready device
  2. A current email address
  3. Google Chrome Web Browser
- To register for the course:
  1. **Pay the $25 fee to the Circuit Clerk's Office or have a Fee Waiver on file**
  2. Go to: *divorce-education.com/west-virginia*
  3. Carefully fill out the form on the page
  4. **Enter the registration code provided by the court**
  5. Within 48 hours, we will send you an email with your login instructions
- Accounts are good for 30 days and are available 24 hours a day, 7 days a week.
- It is your responsibility to file the certificate of completion with the Clerk of Courts.

divorce-education.com/west-virginia

THE ONLY ONLINE CLASS APPROVED BY THE SUPREME COURT OF APPEALS OF WEST VIRGINIA

The Center for Divorce Education
A 501(c)(3) nonprofit corporation founded in 1987

divorce-education.com

877-874-1365

staff@divorce-education.com