All Documents MUST BE NOTARIZED Prior to Filing

WEST VIRGINIA MODIFICATION OF CHILD SUPPORT, SPOUSAL SUPPORT, AND TIME SPENT WITH THE CHILDREN INSTRUCTIONS AND FORMS

*** IMPORTANT INFORMATION ***

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

You may file a Petition for Modification 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.

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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 Modification Packet contains the following forms: Instructions for Modifications (SCA-FC-200), Petition for Modification (SCA-FC-201), Bureau for Child Support Enforcement Application and Income Withholding (FDVCSAP), Civil Case Information Statement (SCA-FC-103), Financial Disclosure (SCA-FC-106), and Certificate of Service (SCA-FC-314).The Parenting Plan forms are not included, but can be obtained at the Circuit Clerk's Office or online at www.courtswv.gov. Read these instructions carefully, and please write clearly when you fill in the forms. If the instructions are not followed, or if the forms are not properly completed, your modification case may be harmed, or delayed. It's best to read all of the instructions before you start filling out forms.

These instructions will tell you about serving papers on the "other parties" in the case. Your spouse or ex-spouse, for example, will often be referred to as the "opposing party;" and the Bureau of Child Support Enforcement (BCSE) would in most instances be referred to as one of the "other parties."

You will need copies of your completed forms for various purposes. You can have copies made in the Circuit Clerk's Office, or elsewhere. The law requires the Circuit Clerk to charge one dollar per page. You may want to make a couple of spare copies of each blank form you'll be filling out. You can use these spare copies to practice on, or use if you make an error.

The forms in this packet require you to provide your name, address, and telephone number. **If you believe the safety, liberty, or health of you or your children 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 (SCA-FC-140). This affidavit form is not included in this packet. You can obtain the affidavit form 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 Circuit Clerk, and not directly on you.

STEP 1. FILL OUT THE FORMS

Fill out the Petition form first. Start at the very top of page 1. The information at the top of page one is called the "case style." For example, if you have been the Respondent, you are still the Respondent. If you want, you can look at one of the Orders from your case, and copy the case style.

After filling in the information at the top of page 1, you are ready to fill out the Petition. Filling out the Petition is a matter of checking the right boxes, and filling in blanks. Make certain you read carefully, and fully understand what you're doing when you check a box or fill in a blank. Complete the Petition down to, but not including the signature line. Don't sign the Petition until you are before a Notary Public or Deputy Circuit Clerk.

In addition to your Petition, you will need to fill out a BCSE Application and Income Withholding form, a Financial Disclosure form (modification of child support and alimony cases only), a Parenting Plan (modification of parenting time cases only), a Certificate of Service, and a Civil Case Information Statement. Make two copies of the completed Case Information Statement; you will file the original and both copies with the Circuit Clerk. Make two copies of the BCSE form; you will file the original and a copy with the Circuit Clerk, and you will keep a copy for your records. In child support and alimony cases, **if** there has been a change in your financial situation, such as an increase or decrease in your income and/or the other party's income, you will then need to file your financial disclosure and all supporting documentation. You will need three copies of your financial disclosure and supporting documentation. You will file the original, serve a copy on the other party, and you will keep a copy for your records. In cases involving a change in time spent with children or decision making responsibilities, you will need to have three copies of your proposed parenting plan. You will file the original, serve a copy on the other party, and keep a copy for your own records.

Next you will need to file your papers in the Circuit Clerk's Office, and arrange to have the papers served on the other parties. How to do this is explained in Step 2.

Remember to always keep a copy of everything you file with the Circuit Clerk for your personal records.

STEP 2. AT THE CIRCUIT CLERK'S OFFICE

The first step at the Circuit Clerk's Office is to pay the filing fee. The fee for filing a Petition for Modification is $85. THIS FEE IS NOT REFUNDABLE UNDER ANY CIRCUMSTANCES. If you cannot afford to pay this fee, read the last paragraph in Step 2 before continuing.

After you have paid your filing fee, or had it waived, you are ready to file your Petition and other forms. The forms you will file, and how you will have them served is explained below.

1. File original and two copies of the Civil Case Information Statement.
2. File original and one copy of the following forms for each party being served:
    a. Petition for Modification;
    b. Certificate of Service;
    c. BCSE Application and Income Withholding form;
    d. Financial Disclosure form (modification of child support and alimony cases only); and
    e. Parenting Plan (modification of parenting time cases only).

3. Don't forget to keep a copy of everything you file for your own records.
4. Decide how you want to serve your papers.

The simplest and most common type of service for a Petition for Modification is certified mail, restricted delivery, return receipt requested. To have your papers served this way, you tell the Deputy Circuit Clerk you want certified mail service, pay a $20 fee for each party served, and the Circuit Clerk's Office handles the service. If the BCSE is a party, you don't have to serve them by certified mail. You can save some money by mailing a copy of your Petition to the BCSE office by first class mail. The following paragraphs explain other ways your papers can be served.

Personal Service by the Sheriff's Department. The papers are delivered by the Sheriff's Department. This type of service is arranged through the Circuit Clerk's Office. The fee is $30 for each party being served.

Acceptance of Service. If a party is willing to voluntarily accept the papers, you can simply hand the papers to that person; or that person can pick the papers up in the Circuit Clerk's Office. The person accepting the papers must sign an Acceptance of Service form, and the form must be filed in the Circuit Clerk's Office.

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 a West Virginia Return of Service which states the papers were served, **and** this Return of Service **must** be filed in the Circuit Clerk's Office.

After you've filed your papers, and arranged for service, you should think about one more item before you leave the Clerk's Office. If you know you will need to subpoena witnesses for the hearing on your Petition, you should take care of this while you're at the Clerk's Office. To learn how to do this, read the following paragraph entitled "Witness Subpoenas." After you're finished in the Circuit Clerk's Office, you need to prepare for your hearing. How to do this is explained in Step 3.

Witness Subpoenas. If you know you will need a witness to testify at a hearing, you need to make **certain** that witness will attend. If you are 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 $25 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.

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 and to provide proof of your income by tax returns, pay stubs, or government assistance. 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 3. PREPARING FOR THE HEARING

Make sure the opposing party has been served. Wait seven business days after filing your Petition, and check with the Circuit Clerk's Office to confirm service. If the opposing party has not been served, the hearing will not be held by the Family Court.

After your Petition has been filed, and the other parties have been served, you will receive an Order from the Family Court. This Order will state the place, date, and time of your hearing, and it will order you and the opposing party to file certain information, documents, and records before the hearing.

You MUST gather all of these documents and records, make copies, and file the copies in the Circuit Clerk's Office on the date ordered by the Family Court. IF YOU DO NOT, YOUR HEARING MAY BE CANCELLED!

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 2 for information on witness subpoenas.

Make a plan for how you will present your case for modification at the hearing. At the hearing, you will be required to make a case to the Court why the amount of child support, or spousal support should be changed, or why the arrangements for time spent with the children should be changed.

To make a case for a support change, you need to show that your financial circumstances, and/or the opposing party's financial circumstances have changed in such a way that support should be increased or decreased. These types of cases are generally made by showing increases and/or decreases in income and/or expenses by **15% or more.**

To make a case for a change in time spent with children or decision making responsibilities, you would need to show, for example, that your circumstances, and/or the opposing party's circumstances have changed in such a way that one of you is able to spend more or less time with the children. With regard to support and time spent with the children, you can show changes in circumstances by your testimony, by the testimony of other witnesses, or by documents or records.

Make a plan for how you will present your case. It's best to write things down. List what you want to prove, and for each item you want to prove, list how you will do so, by witness testimony, or a document, for example. Step 4 explains what happens after the hearing.

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.

List all minor children affected by this action:

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

☐ 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: _____

Days To Answer: _____ **Type of Service:** _____

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. ☐ I am proceeding without an attorney.

OR

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

Attorney Name: _____

Firm: _____

Address: _____

Telephone: _____

Dated: _____ _____
Signature

IN THE FAMILY COURT OF MONONGALIA COUNTY, WEST VIRGINIA

IN RE: Civil Action No.: _____

The Marriage/Children of:

_____ and _____

Petitioner *(First/Middle/Last)* Respondent *(First/Middle/Last)*

Please submit ORIGINAL & ONE COPY

PETITION FOR MODIFICATION

1. **General Information**
   a. The Petitioner is _____, who is
      ☐ the parent/spouse whose name is listed in the case style at the top of this page;
      ☐ or other person, whose relationship to the Respondent/children is
      _____
   b. The Petitioner requests that the Order entered on the date of ___/___/___ be modified with regard to:
      ☐ Parenting Plan
      ☐ Child Support
      ☐ Spousal Support
      ☐ Other *(Explain)*:
      _____

2. **I want the Court to modify the Order in these ways** *(Check all that apply)*:
      ☐ Increase Child Support
      ☐ Decrease Child Support
      ☐ End Child Support
      ☐ Change Parenting Plan with regards to:
         ☐ decision making;
         ☐ time spent with the children;
         ☐ other *(Explain)*: _____
      ☐ Order child support *paid to* another person, who is
      _____
      ☐ Order child support *paid by* another person, who is
      _____
      ☐ Increase Spousal Support
      ☐ Decrease Spousal Support
      ☐ End Spousal Support
      ☐ Other modification request(s) *(Explain)*:
      _____
      _____

3. **The following circumstances justify the modification I am requesting.**
(Explain all of the changes in circumstances you think justify the modifications you requested.)

_____

_____

_____

4. **Information concerning Public Assistance and Child Support Enforcement Services**
   a. ☐ A Public Assistance Check from Health and Human Services is now being received by
      ☐ the Children;
      ☐ the Petitioner, and/or;
      ☐ the Respondent.

   b. ☐ A Public Assistance Check from Health and Human Services was received in the past by
      ☐ the Children;
      ☐ the Petitioner; and/or
      ☐ the Respondent.

   c. ☐ Services from the Bureau for Child Support Enforcement have been applied for by
      ☐ the Petitioner; and/or
      ☐ the Respondent.

   d. ☐ Income withholding services are currently being received from the Bureau for Child Support Enforcement.

5. **Information concerning Child Protective Services (CPS) and other court cases.**
   a. ☐ Child Protective Services is currently providing services to the child(ren) and parties in this case.
   b. ☐ Child Protective Services is currently investigating allegations of abuse and/or neglect of the child(ren) in this case.
   c. ☐ Someone other than the parents currently has custody of the child(ren) in this case.
   d. ☐ The parents are involved in another court case involving the custody of the child(ren) in this case.
   e. ☐ The child(ren) is/are involved in another court case such as a juvenile delinquency or status offender case.

_____ _____

Petitioner's Signature Date

You must sign the Verification below 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 Motion are true to the best of my personal knowledge and belief; and if I have provided 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: _____

CERTIFICATE OF SERVICE

State of West Virginia

County of _____

I, _____, the person making this Motion for Temporary Relief,
(Print your name here)

Mailed the Motion, together with any attached documents, by first class United States Mail, postage paid to

_____, at the address of
(Opposing party)

_____
(Opposing party's address)

On the_____ day of_____, 20_____

_____ _____

Signature Date

IN THE FAMILY COURT OF _____ COUNTY, WEST VIRGINIA

IN RE:
The Marriage / Children Of:

Civil Action No. _____

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

Please submit **ORIGINAL & ONE COPY**

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	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: $ 0		**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**
		$	$

☐ 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: $ 0			

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 in NOW in effect.**

PETITIONER

Full Name: _____ *Birth Date:* ___/___/___ *SSN:* _____

☐ *Male* / ☐ *Female* *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:* _____

☐ *Male* / ☐ *Female* *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)

Name	Sex	Date of Birth	Social Security No.	Custodian
		/ /		
		/ /		
		/ /		
		/ /		

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
§48-9-104

☐ ***Paid*** ☐ ***Fee Waiver***

Name:_____ ***County:***_____ ***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 per class, Paid to the Circuit Clerk in the county of your case. Retain a copy of the receipt. The cost of the class is waived if participant qualifies for a **fee waiver.**

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.

To log onto the site, you will go to: **divorce-education.com/west-virginia**

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.

Updated: 1/2021

WEST VIRGINIA
SUPREME COURT-APPROVED
PARENT EDUCATION

THE CENTER FOR DIVORCE EDUCATION'S
CHILDREN IN BETWEEN® ONLINE

divorce-education.com/west-virginia

SCAN TO REGISTER

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

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THE CENTER FOR DIVORCE EDUCATION'S
CHILDREN IN BETWEEN®

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

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

divorce-education.com/west-virginia

▸ To enroll in the program you will need:
1. An Internet ready device
2. A current email address
3. Google Chrome Web Browser

▸ To register for an account and begin the course:
1. Go to: *divorce-education.com/west-virginia*
2. Carefully fill out the registration form.
3. Enter the registration code provided by the Circuit Clerk's Office. This code is based on your paid/waived status.
4. You will receive an email with login instructions within 48 hours. Check your spam and junk folders for the welcome email.

▸ It is your responsibility to file the certificate of completion with the Circuit Clerk's Office.

THE CENTER FOR DIVORCE EDUCATION
divorce-education.com
877-874-1365
staff@divorce-education.com