

PRO SE EXPEDITED MODIFICATION PACKET
Child Support Only

COSTS:

PACKET.....\$2.00..... **DUE WHEN PACKET IS RECEIVED**

The following site offers free printable and fillable pdf. forms:

<http://www.courtswv.gov/lower-courts/family-forms/index-family-forms.html>

FILING FEE.....\$35.00..... **DUE AT TIME OF FILING**

A CONVENIENCE FEE IS ALSO APPLIED IF PAYING BY CREDIT OR DEBIT CARD.

- If you plan to hire an attorney these forms are not necessary. To apply for Legal Aid services you may call 1-866-255-4370. **The Circuit Clerk's office staff is, by law, *not* permitted to assist you with legal questions.**

FAMILY COURT:

304-647-7406

106 S. COURT STREET

LEWISBURG, WV 24901

CIRCUIT CLERK:

304-772-3017

PO BOX 350

UNION, WV 24983

PLEASE COME BEFORE 3:00 PM TO FILE.

WEST VIRGINIA EXPEDITED MODIFICATION OF CHILD SUPPORT

IMPORTANT INFORMATION

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

You may prepare and file a Petition for Expedited Modification of Child Support 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 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.

The forms in this packet require you to list your 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 with these materials. 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 Circuit Clerk, and not directly on you.

INSTRUCTIONS

A Petition for Expedited Modification of Child Support (SCA-FC-226) asks the court to change the amount of child support. If you want the court to enforce a child support order because someone is not paying child support, you need to file a Contempt Petition (SCA-FC-251). The forms and instructions for filing a Contempt Petition are available in Circuit Clerk and Family Court offices.

A Petition for Expedited Modification of Child Support can be used ONLY to ask the court to modify child support. If you want to ask the court to modify an order in any other way, such as change a Parenting Plan, or change spousal support, you must file a regular Petition for Modification (SCA-FC-201). The forms and instructions for filing a regular Petition for Modification are available in Circuit Clerk and Family Court offices.

Even if you want to ask the court to modify child support, you **MUST** meet certain requirements before you can file a Petition for Expedited Modification of Child Support. Read the following paragraphs to determine if you can file a Petition for Expedited Modification of Child Support.

A Petition for Expedited Modification of Child Support can be filed ONLY if:

1. **One or both parents have experienced a substantial change in financial circumstances. The substantial change must be an increase or decrease of income resulting from a change in employment status such as loss of job, promotion, raise, or new job. You CANNOT file this petition if the decrease of income is the result of you voluntarily quitting your job.**
2. **The court can consider your Petition for Expedited Modification of Child Support only if the substantial change in one or both parents' financial circumstances will result in a new child support amount that is more than 15% different from the current child support amount.**

If you meet ALL of the requirements for filing a Petition for Expedited Modification of Child Support, continue reading.

These instructions will tell you how to fill out the Petition for Expedited Modification of Child Support (SCA-FC-201) form, and the Civil Case Information Statement (SCA-FC-103). These instructions will also tell you how to file the Petition in the Circuit Clerk's Office and prepare for a hearing. Read these instructions carefully. If these instructions are not followed, or if the Petition form is not properly completed, your case may be harmed, delayed, or dismissed. It's best to read all of the instructions before you start filling out forms. When you fill out the forms, write or print the information carefully so it can be read and understood. You may want to make a couple of spare copies of the blank Petition form before you start filling it out. You can use these spare copies to practice on, or use if you make an error.

STEP 1. FILL OUT THE PETITION FORM.

The information at the top of page 1 is called the "case style." The case style stays the same throughout your case, so you can simply copy the case style information from one of the orders in your case. Provide your current address and telephone number on the Civil Case Information Statement. Fill in the address and the telephone number of the other party. If you feel your safety or the safety of your children is at risk if the other party is provided your address, you can request the Affidavit for Withholding Identifying Information from the Circuit Clerk. Once you file the Affidavit for Withholding Identifying Information, the Circuit Clerk will not release your address or telephone number to the other party. As these instructions explain later, you will need the other parent's current address to serve your Petition.

Completing the Petition form requires you to fill in the blanks and provide information. All of the requested information is important, so be sure you complete every item that applies to your situation. After you have completed the form, sign and date it, but don't sign the Verification until you are before a Notary Public. Deputy Circuit Clerks can also witness your signature on the Verification. Then file your completed Petition in the Circuit Clerk's Office. Step 2 discusses how to do this. Before you go to the Circuit Clerk's Office, you may want to have a copy made of your completed and verified Petition. If you are attaching any documents to the Petition, you should make two sets of copies of the documents. You can have copies made in the Circuit Clerk's Office, but the law requires the clerk to charge one dollar per page.

STEP 2. AT THE CIRCUIT CLERK'S OFFICE.

At the Circuit Clerk's Office, you will do the following: 1. File the original of your Petition and the Civil Case Information Statement and the copies of any documents you have attached to the Petition, and pay the \$35 filing fee. Keep the copy of the Petition and the original documents for your records. If you cannot afford to pay the filing fee, read the next paragraph. 2. Obtain a certified copy of your Petition; obtain a certified copy of the current child support order you want modified and the child support calculations on which the order is based. After you are finished in the Circuit Clerk's Office, you will take or mail your certified copies and other documents to the Family Court. Step 3 explains how to do this.

What to do if you cannot afford to pay fees.

If you cannot afford to pay fees, ask a Deputy Circuit Clerk for an affidavit to waive fees and costs. You can fill out the affidavit in the Circuit 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. TAKE OR MAIL YOUR PAPERS TO THE FAMILY COURT.

Next you must see to it that your papers get to the Family Court. You can take the papers there, or you can mail them. The following are the papers you need to get to the Family Court: 1. The certified copy of your Petition. This is the certified copy you obtained from the Circuit Clerk's Office after you filed the original of your Petition. 2. The certified copy of the child support order you want modified, and the support calculations on which the order was based. You obtained these items at the Circuit Clerk's Office when you filed your Petition. 3. Copies of any documents you filed with your Petition. These are the documents that prove the substantial change in the financial circumstances of you and/or the other parent. After your Petition and other papers have been received by the Family Court, the Family Court Judge will review them and make certain decisions. This is explained in Step 4.

STEP 4. THE FAMILY COURT REVIEWS YOUR PETITION.

At the Family Court your Petition and documents will be reviewed, and based on the information you have provided, the amount of child support will be tentatively recalculated. If this tentative recalculation results in more than a 15% change in the amount of child support, you and the other parent will each receive a Notice showing the tentative recalculation figures. What happens after you receive the Notice is explained in Step 5. You will be notified if the change is less than 15%. If you have not met the requirement, you can file a regular Petition for Modification.

STEP 5. WHAT HAPPENS AFTER YOU RECEIVE THE NOTICE OF RECALCULATION?

When you receive the tentative recalculation Notice, the other parent will receive the Notice and a copy of your Petition. The local office of the Bureau of Child Support Enforcement will also receive the Notice. The Notice will inform the other parent and the Bureau of Child Support Enforcement they have 14 days from the date of service to contest the tentative recalculation and request a hearing. If either one requests a hearing, all parties will receive an order stating the date, time, and place of the hearing. How to prepare for a hearing is discussed in Step 6.

If neither the other parent nor the Bureau of Child Support Enforcement requests a hearing within 14 days, the Family Court Judge will prepare a Default Order setting child support at the amount stated in the Notice. Everyone involved will receive copies of the Order.

STEP 6. PREPARING FOR A HEARING.

If a hearing is held, the subject will be the changes in the financial circumstances of you and/or the other parent. You will need to prove what you stated in your Petition. Here are some tips on getting ready for a hearing.

Allow plenty of time to prepare.

Make a plan for how you will present your case. Generally speaking, you can prove your case by your testimony, by the testimony of other witnesses, and by documents or records. List the things you want to prove, and for each item, list how you will prove it, by witness testimony or a document, for example.

Make sure you have requested all necessary witness subpoenas. If you know you will need a witness to testify at the 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 \$25 per subpoena, unless your fees have been waived. You should request witness subpoenas at least 10 days before the hearing. If you cannot afford to pay the subpoena fees, read the last paragraph in Step 2.

Step 7 explains what happens after the hearing.

STEP 7. 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 MONROE COUNTY, WEST VIRGINIA

IN RE:
The Marriage / Children Of:

Civil Action No. _____

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

PETITION FOR EXPEDITED MODIFICATION OF CHILD SUPPORT

1. GENERAL INFORMATION

a. The Petitioner is _____, who is
[] the parent/spouse whose name is listed in the case style at the top of the page; or
[] other person, whose relationship to the Respondent and children is _____

b. The Petitioner requests that the Order entered on the date of ____ / ____ / ____ be modified
with regard to child support. The Petitioner wants child support
[] increased; or
[] decreased.

2. CHANGES IN PETITIONER'S FINANCIAL CIRCUMSTANCES

All changes must have occurred after the date of the the Order you want modified.

Income

- [] Petitioner's gross income has increased from \$ _____ per month to \$ _____ per month.
[] Petitioner's gross income has decreased from \$ _____ per month to \$ _____ per month.
[] Petitioner's gross income has not changed.

If your income has changed, you must explain below why it changed.

If you have pay stubs or other documents that show the change in your income, you should attach copies to this Petition.

- [] I have not attached any documents.
[] I have attached documents, which are _____

Child Care Costs

- Petitioner pays child care costs to be able to work; and after the date of the Order Petitioner wants modified, those costs have
 - increased from \$ _____ per month to \$ _____ per month;
 - decreased from \$ _____ per month to \$ _____ per month; or
 - remained the same.

Extraordinary Medical Expenses

- Petitioner has incurred extraordinary medical expense after the date of the Order Petitioner wants modified. If you checked this item, you **MUST** list the amounts and dates for these expenses, and the reasons they were incurred.

Other Changes in Financial Circumstances

Explain in detail any other changes in your financial circumstances. Examples of such changes are: changes in the number of dependent children you support; cost of health insurance coverage; and/or cost of housing. All changes must have occurred after the date of the Order you want modified.

3. CHANGES IN THE OTHER PARENT'S FINANCIAL CIRCUMSTANCES

All changes must have occurred after the date of the Order you want modified.

Income

- The other parent's gross income has increased from \$ _____ per month to \$ _____ per month.
- The other parent's gross income has decreased from \$ _____ per month to \$ _____ per month.
- The other parent's gross income has not changed.

If the other parent's income has changed, explain why it has changed:

If you have pay stubs or other documents that show the change in the other parent's income, you should attach copies to this Petition.

- I have not attached any documents.
- I have attached documents, which are:

Child Care Costs

- The other parent pays child costs to be able to work; and after the date of the Order Petitioner wants modified, those costs have:
 - Increased from \$ _____ per month to \$ _____ per month.
 - Decreased from \$ _____ per month to \$ _____ per month.
 - Remained the same.

Extraordinary Medical Expenses

- The other parent has incurred extraordinary medical expense after the date of the Order Petitioner wants modified. If you checked this item, you **MUST** list the amounts and dates for these expenses, and the reasons they were incurred.

Other Changes in Financial Circumstances

Explain in detail any other changes in the other parent's financial circumstances. Examples of such changes are: changes in the number of dependent children he/she supports; cost of health insurance coverage; cost of housing. All changes must have occurred after the date of the Order you want modified.

4. CHILDREN

List the names and birth dates for all of the children for whom support is paid under the Order you want modified.

NAME	DATE OF BIRTH
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

Petitioner's Signature

Date

You must sign the following Verification before a Notary Public or Deputy Circuit Clerk.

VERIFICATION

I, _____, after making an oath or affirmation to tell the truth, say that the facts I have stated in this Petition 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: _____

IN THE FAMILY COURT OF MONROE 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 _____ () - _____ <input type="checkbox"/> Male / <input type="checkbox"/> Female Phone Number _____ / ____ / ____ Social Security Number _____ Date of Birth _____ Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> White	<input type="checkbox"/> 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 _____	
() - _____	<input type="checkbox"/> Male / <input type="checkbox"/> Female
Phone Number _____	/ /
Social Security Number _____	Date of Birth _____
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic	
<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black	
<input type="checkbox"/> Unknown <input type="checkbox"/> 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 _____

**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: ____ - ____ - ____

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.

You may choose to use the following form to provide detailed financial information.

Please also include proof of your current income change, ie. Tax return, pay stubs, proof of unemployment, low earnings, etc.

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	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Other Real Estate	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Mobile Home	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Motor Vehicles	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Household Goods	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Checking Accounts	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Saving Accounts / CDs	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Money Market Certificates	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Stocks	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Credit Union Accounts	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Profit Sharing Plans	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Trusts	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Stocks / Mutual Funds	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Bonds	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Pension Plans	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
IRA / SEP Accounts	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Whole Life Insurance	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Annuities	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Guns	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Tools	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Jewelry	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Personal Property Not Located In Marital Home	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
*Other	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> 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?
	\$			<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$			<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$			<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
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	\$			<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$			<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> 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 _____

The following form is optional and only to be used if you are applying for a waiver of filing fees.

IN THE _____ COURT OF _____ MONROE _____ COUNTY, WEST VIRGINIA

Case No. _____

Plaintiff or Petitioner

v.

Defendant or Respondent

**FINANCIAL AFFIDAVIT AND APPLICATION:
ELIGIBILITY FOR WAIVER OF FEES, COSTS, OR SECURITY IN A CIVIL OR DOMESTIC CASE
OR FOR COSTS ASSOCIATED WITH
REQUIRED POLYGRAPH EXAMINATION OR ELECTRONIC MONITORING**

A. Information for the Applicant:

1. You will be allowed to file and carry on your civil proceeding without giving security or paying fees or costs that would otherwise be required, if the court finds that you meet the official financial guidelines.
2. You must complete the affidavit for the court to determine if the costs of either a polygraph examination, required by *W.Va. Code § 62-11D-2*, or electronic monitoring, required by *W.Va. Code § 62-11D-3*, will be paid by the supervising entity.
3. You must file a separate affidavit and application anytime your financial situation no longer meets the official guidelines or anytime the court orders you to do so.
4. You must attach a copy of your most recent salary stub, W-2 form, or other financial documentation (with all social security numbers and all dates of birth removed *[you can black them out]*) that verifies your income. Without the attached documentation, your application will be incomplete and not considered.
5. At any time you may request or the court may require review of your eligibility for a waiver, and at any time the court may require you to pay fees or costs previously waived or to pay future fees or costs.
6. When you sign this form, you will have to swear or affirm that you have completely and truthfully provided all information sought, to the best of your knowledge and ability. *If you knowingly give any incomplete and/or false information, you may be prosecuted for the crime of false swearing.*
7. The information you give in this form will be confidential only in a domestic violence or a divorce case.
8. Except for signatures, all information must be clearly printed.

B. Information about You and Your Case:

1a. Name: _____ 1b. Telephone Number: _____

1c. Address: _____

Case No. _____

2. Describe what is involved in your case:

3a. Do you have a lawyer? Yes No

b. Have you paid or will you have to pay your lawyer? Yes No

c. Will you have to pay your lawyer only if you win? Yes No

4. Check if seeking waiver for:

Cost of required polygraph examination (*W.Va. Code § 62-11D-2*); and/or

Cost of required electronic monitoring (*W.Va. Code § 62-11D-3*).

C. Information about Your Financial Situation:

1a. What is your current yearly net (take-home) income from all sources:

Employer:	\$	Second Job:	\$	Self-Employment:	\$
Public Assistance:	\$	Food Stamps:	\$	Unemployment:	\$
Benefits:	\$	Disability Benefits:	\$	Social Security/SSI:	\$
Alimony:	\$	Pensions:	\$	Rental Income:	\$
Interest:	\$	Dividends:	\$	Annuities:	\$
Odd Jobs:	\$	Other:	\$	(specify):	
YEARLY TOTAL:	\$				

Please remember to attach financial documents which verify this information.

1b. If your listed income is zero (0), please explain below and attach some verification (i.e. DHHR or food stamp information):

2a. List the names and relationships to you of all the persons supported by this income, whether or not they are household members (provided, that these persons can be claimed as dependents on your federal tax return):

2b. What is the total number of dependents, including yourself? _____

3. How much money do you, individually or jointly, have in cash, checking and savings accounts, deposit certificates, and/or bonds (liquid assets)? \$ _____

4a. List your regular **monthly** household debt-payment and other expenses:

Mortgage/Rent:	\$ _____	Car Payment:	\$ _____	Loan Payments:	\$ _____
Credit Card Payments:	\$ _____	Other Debt Payments:	\$ _____	Utilities:	\$ _____
Cell Phone:	\$ _____	Food:	\$ _____	Child Care:	\$ _____
Child Support:	\$ _____	Alimony:	\$ _____	Medical Bills:	\$ _____
Other Expenses:	\$ _____	(specify): _____			

4b. What is the total amount of these monthly expenses? \$ _____

5a. List all cars, trucks, motorcycles, or recreational vehicles (all-terrain vehicles, motor homes, snowmobiles, boats), including their make, model, and year, that you own, individually or jointly:

5b. What is the total value of these items less any amount owed? \$ _____

6a. List all real estate (houses, lots, land, rental property, other commercial property) that you, individually or jointly, own.

6b. What is the total value of these items less any amount owed? \$ _____

7. What would the consequences be for you if a waiver of fees, costs, or security is denied?

8. This application consists of three (3) pages and _____ pages of supporting financial documents.

By signing my name on this form, I swear to or affirm: (1) the completeness and truthfulness, to the best of my ability and knowledge, of the information I have provided and (2) my belief that I have a right to a waiver.

Signature of Affiant-Applicant: _____

Taken, subscribed, and sworn or affirmed before me, by the person whose signature appears above, on this _____ day of _____, 20____, in _____ County, West Virginia.

Signature of Notary (Clerk or Deputy Clerk): _____

For Court Use Only

The affiant's application for a waiver is (clerk: initial one) _____ granted _____ denied.

Date: _____ Signature of Clerk or Deputy: _____