

PRO SE CUSTODY/SUPPORT

COSTS:

PACKET\$10.00..... DUE WHEN PACKET IS RECEIVED

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

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

FILING FEE.....\$200.00..... DUE AT TIME OF FILING

SERVICE FEE

BY SHERIFF.....\$25.00..... DUE AT TIME OF FILING

+ COPY FEE OF \$1 PER PAGE

OR

BY CERTIFIED MAIL \$20.00 DUE AT TIME OF FILING

+ COPY FEE OF \$1 PER PAGE

PARENTING CLASS.....\$25.00..... CAN BE PAID AT TIME OF FILING.

MUST BE PAID BEFORE CLASS DATE.

RECEIPT FOR PAYMENT MUST ACCOMPANY YOU TO YOUR PARENTING CLASS.

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

- The respondent will have 20 days from the date of service to file their answer; a copy is sent by the respondent to the petitioner and the original is delivered to circuit clerk for filing. Upon receipt of this answer either party may contact Family Court to schedule a hearing date. It is that party's responsibility to notify the other party of the hearing date and provide the Circuit Clerk with a notice of hearing.
- It is the responsibility of each parent to sign up for a parenting class by calling family court. Classes are the fourth Monday of each month (excluding legal holidays) at 2:00 in the upstairs of the court house. It is recommended that classes be completed before the first hearing date.
- If you plan to hire an attorney these forms may not be 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.

**PETITION FOR SUPPORT
&
ALLOCATION OF CUSTODIAL RESPONSIBILITY**

*** IMPORTANT INFORMATION ***

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

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

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

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

INSTRUCTIONS

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

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

The forms require you to provide your name, address, and telephone number. If you believe your safety, liberty, or health, or the safety, liberty, or health of your children would be put 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. FILL OUT THE FORMS.

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

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

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

STEP 2. AT THE CIRCUIT CLERK'S OFFICE.

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

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

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

Personal Service By Private Process Server. The law permits persons other than members of the Sheriff's Department to deliver legal papers, but, service cannot be made by a party to the case, and the person serving the papers must be 18 years of age or older. For this type of service to be valid, the person who serves the papers must complete an affidavit which states the papers were served, and this affidavit must be filed in the Circuit Clerk's Office without delay.

Personal Service By Certified Mail. This type of service is arranged through the Circuit Clerk's Office. The Circuit Clerk's Office mails the petition and financial statement to the Respondent by certified mail, restricted delivery, return receipt requested. You pay the fee of \$20.00 and provide the mailing address of the Respondent. If the mailing is accepted, the Clerk's Office will receive the return receipt postcard with the signature of the person who accepted the mailing. If a person other than the Respondent accepts the mailing and signs the receipt, you don't have good service, and your case will not go forward. The Respondent has 20 days from the date the divorce papers were delivered to serve you with an Answer.

While you're at the Circuit Clerk's Office, you may want to arrange for witness subpoenas if you think you will need to require a witnesses to come to the hearing on your Petition. The following paragraph explains how to do this. After you're finished in the Circuit Clerk's Office, the next thing you need to do is prepare for your hearing. How to do this is explained in Step 3.

WITNESS SUBPOENAS

If you know you will need a witness to testify at a hearing, and you're not certain the witness will voluntarily show up, you will need to subpoena that witness. Witness subpoenas are handled through the Circuit Clerk's Office. To obtain a witness subpoena, you need to provide the Deputy Circuit Clerk with the name and address of the witness, and pay a Clerk's fee of 50¢ per subpoena, and a service fee of \$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. If you cannot afford to pay the subpoena fees, read the next paragraph.

WHAT TO DO IF YOU CANNOT AFFORD TO PAY FEES.

If you cannot afford to pay fees, you should ask a Deputy Circuit Clerk for an affidavit to waive fees and costs. You can fill out the affidavit in the clerk's office. The affidavit requires you to list some basic information about your financial situation. A Deputy Clerk can review your completed affidavit while you wait, and tell you if you meet the legal requirements to have your fees and costs waived. If you don't meet these requirements, you must pay fees and costs, but you can ask the Court to review your affidavit later. The Court will review your request for waiver of fees at a later hearing and will determine your eligibility even if the clerk has approved your waiver. 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 sure you have requested all necessary witness subpoenas. You need to request these subpoenas at least 10 days before the hearing. Return to Step 3 for information on witness subpoenas.

Make sure you have filed the Financial Statement Form with all the supporting documentation and the Proposed Parenting Plan Form (the Parenting Plan Packet is available at the Circuit Clerk's Office.

You MUST also file the following information with your Financial Statement:

1. A copy of your 3 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.

AND

You MUST also complete a Parent Education Class. Deadlines: You must pay the Parent Education fee when you file your Petition, unless your fees have been waived. You should complete Parent Education before your first hearing. If you do not, your case may be delayed.

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 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.

End

IN THE FAMILY COURT OF _____ 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.

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

VERIFICATION

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

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: _____

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

**PETITIONER'S CIVIL CASE INFORMATION STATEMENT
DOMESTIC RELATIONS CASES**

PETITIONER'S IDENTIFYING INFORMATION	IMPORTANT NOTICE
<p>Street Address _____</p> <p>City / State / Zip Code _____</p> <p>() _____ <input type="checkbox"/> Male / <input type="checkbox"/> Female</p> <p>Phone Number _____</p> <p>Social Security Number _____ Date of Birth _____</p> <p>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</p>	<p><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</p> <p>If the box above is checked, this page is sealed in the file and NOT TRANSMITTED with the Petition and Summons.</p> <p>You must complete the form, Affidavit To Withhold Identifying Information, and file it at the Circuit Clerk's Office.</p>

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 _____

WEST VIRGINIA PARENTING PLAN INSTRUCTIONS

The Family Court requires a Parenting Plan in all cases involving minor children. As a case begins, if parents can agree on a Parenting Plan, they can submit a Joint Proposed Parenting Plan to the court, and request that the court make a temporary order on parenting based on the Joint Parenting Plan. If the parents cannot agree on a Joint Parenting Plan, either parent can submit an Individual Proposed Parenting Plan, and ask the court to enter a temporary order on parenting based on that Individual Plan. If one parent wants to contest the other parent's Individual Plan, the contesting parent must submit an Individual Parenting Plan. All individual plans must be accompanied by a completed Worksheet for Individual Proposed Parenting Plan form.

If a Joint Parenting Plan is submitted, the court may accept the plan as submitted, unless the court determines the plan would be harmful to the children in some way, or that one parent did not agree to the plan voluntarily, or did not fully understand to what they were agreeing. A Joint Parenting Plan accepted by the court at the beginning of a case may become the Permanent Parenting Plan that will be placed in effect when the case is concluded; although the plan can and will be modified as necessary during the course of the case. If no Joint Parenting Plan is submitted, the procedure is more complicated. What happens in these cases is discussed later in these instructions.

These Instructions, the Parenting Plan form, and the Worksheet form used with Individual Plans are designed to assist parents in developing Parenting Plans. The following steps explain the importance of the Parenting Plan, and provide the information needed to complete the Parenting Plan and Worksheet forms. Read all of the instructions before you start filling out any of the forms.

STEP 1. WHY IS THE PARENTING PLAN IMPORTANT?

The Proposed Parenting Plan is probably the most important document you will file in your case. The Family Court will rely on the Proposed Parenting Plan to allocate custodial responsibility and time spent with the children, and decide how the parents will share the responsibility for making the decisions that guide their children's lives. So, as you begin developing your Parenting Plan, put in the time and effort to do it right, because your children's welfare depends on you doing a good job.

STEP 2. COMPLETING THE PARENTING PLAN FORM.

There is only one type of Parenting Plan form, and it is used for the preparation of both the Joint and Individual Plans. At the beginning of this form, on page 1, the first two items are used to indicate if the plan is being developed and submitted jointly, or individually. Be certain to complete the item that applies to your plan. Before you begin filling out the Parenting Plan, you may want to make some copies of the blank form. You can use these extra copies to practice on, or you can use portions of the extra copies if you need additional space for some responses.

The Parenting Plan form is divided into sections. Some sections are self-explanatory, and some contain brief directions. You may be required to make a choice by placing a check mark in a box, or you may be required to write in information. It is important that you pay close attention to these instructions and the directions in the form so you can fill out the Parenting Plan correctly and completely. Type, or print clearly so your information can be read and understood by the court.

The Parenting Plan form is designed to provide a reasonable amount of space for responses, and to accommodate information for families with as many as six children. If you need additional space for some responses, or you require additional space because you have more than six children, you can write the information on a blank piece of paper, or you can use a page from one of the extra copies you made before you started filling out the form. If you use a blank sheet of paper, at the top of the sheet, write your name, case number, and the name of the section being continued from the form.

STEP 3. COMPLETING THE WORKSHEET FORM.

A Worksheet form must be completed and attached to all Individual Parenting Plans, called Worksheet for Individual Proposed Parenting Plan. If you and the other parent have agreed on a Joint Plan, you don't need to read the rest of this step; you can go directly to Step 4. If you and the other parent have not agreed on a Joint Plan, continue reading. Before you begin filling out the Worksheet, you may want to make some extra copies of the blank form.

If you and the other parent cannot agree on a Joint Parenting Plan, the Family Court will have to make the decisions the two of you couldn't make together. To make these decisions, the court needs information about your family life in the twenty-four months before your case began. This is where the Worksheet comes in. Each parent who submits an Individual Parenting Plan must submit an accompanying Worksheet.

The Worksheet sections are either self-explanatory, or they have some brief instructions included. The Parenting Responsibilities, Making Major Decisions For The Children, and Parents' Current Work Schedules sections must be completed on all Worksheets. The directions accompanying the other sections will explain who needs to complete those sections.

Like the Parenting Plan form, the Worksheet form is designed to fit most situations and provide an adequate amount of space for the average response. If you need more room for a response, follow the extra sheet procedure explained in the last paragraph of Step 2, or use a page from one of the extra copies you made before you started filling out the form.

STEP 4. SUBMITTING A JOINT PLAN TO THE COURT.

If you and the other parent have developed a Joint Plan, all you need to do to submit the plan to the court is complete and file the original Parenting Plan form, signed and notarized, in the Circuit Clerk's Office. Keep copies for yourselves, and wait for the court to schedule a hearing.

STEP 5. SUBMITTING AN INDIVIDUAL PLAN TO THE COURT.

To submit an Individual Plan to the Court, you must do three things. (1.) Fill out the Motion to Adopt Individual Proposed Parenting Plan. You will find this form in the Petitioner's Divorce Packet, and the Divorce Answer Packet. (2.) Serve copies of your Motion, Individual Plan, and Worksheet on the other parent. How to do this is explained later in this step. (3.) File the originals of your Motion, Individual Plan, and Worksheet in the Circuit Clerk's Office, together with the original of a completed Certificate of Service. The Certificate of Service is explained later in this step. Keep copies of every document you file and serve.

If the Court enters a scheduling order, you are required to file your Individual Plan in accordance with the order of the court and serve your Individual Plan on the other party. If the court does not enter a scheduling order, you should try to file and serve your Individual Plan five (5) days before the first hearing in the case. At that first hearing, the court will want to make a temporary order relating to parenting. If one parent has submitted an Individual Plan, and the other has not, the court may base the temporary order on the plan that has been filed. By failing to file your Individual Plan before the first hearing, you can lose an important opportunity to have a full say in this important decision.

It is your responsibility to make certain the other parent is properly served with your Individual Plan. First class mail is the easiest and cheapest method to serve your Plan. To do this, mail copies of your Motion, Plan, and Worksheet to the other parent by first class mail, complete a Certificate of Service form, and file the originals of all of these documents in the Circuit Clerk's Office. The Certificate of Service verifies that you mailed these documents to the other parent. A Certificate of Service form is included in the Petitioner's Case Packet and the Case Answer Packet.

Before we leave Step 5, here's something to think about. After reading Steps 3, 4, and 5, you will have noticed the Joint Plan is the easiest and simplest way to go; and agreeing on a Joint Plan is better for your children, too, because parents know more about their children than the court will be able to learn during a hearing in your case. So, it's fair to say it's in everyone's best interest for the parents to agree on a Joint Plan. Don't agree just to please the other parent, but if you think there is any reasonable possibility you and the other parent can agree on a fair and balanced plan, it's worth some extra effort from both of you.

STEP 6. WHAT HAPPENS AFTER SUBMITTING A JOINT PLAN?

If you and the other parent submitted a Joint Plan, the court will hold a hearing and review the plan to determine if it could be harmful to the children in any way, and to make certain both parents agreed to the plan without being pressured, and understood everything to which they were agreeing. The court may accept the plan as proposed, or accept it with whatever modifications the court determines necessary to create a complete, fair, and balanced plan that is best for the children.

STEP 7. WHAT HAPPENS AFTER SUBMITTING AN INDIVIDUAL PLAN?

At the first hearing in your case, the court is going to ask you and the other parent about your efforts to agree on a Joint Plan. The court is going to ask this even if one or both of you have submitted Individual Plans, because West Virginia law favors the Joint Parenting Plan. The law wants parents to agree on a Joint Parenting Plan because it's better for the children. So, if you and the other parent tell the court you have not tried to agree on a Joint Plan, or have tried and failed, the law requires the court to refer the two of you to a person called a Premediation Screener.

The Premediation Screener will interview you and the other parent separately, and determine if a Mediator can help the two of you come to an agreement on a Joint Plan. If the screener determines a Mediator may be able to help you agree, the court will refer the two of you to mediation. A Mediator is a neutral third person trained to help people settle disagreements. The Mediator will meet with you and the other parent together, listen to everything both of you have to say, and help you explore ways to agree on a Joint Plan. Mediation has an excellent success rate, and there is a good possibility the two of you can come out of mediation with a Joint Parenting Plan.

If mediation results in agreement on a Joint Plan, the Mediator will send that plan to the court, and the case will proceed as described in Step 6, just as if you and the other parent had agreed on a Joint Plan in the beginning.

If mediation does not produce an agreement, you and the other parent will return to court for a hearing, or a series of hearings at which both of you will present evidence and arguments in support of your Individual Plans. In other words, both of you will have a chance to prove to the court why your Individual Plan should be accepted by the court. It is the court's job to determine what's best for your children. To do this, the court will look at the way the two of you shared parenting responsibilities in the last twenty-four months before your case was filed. The way you have shared parenting responsibilities in the past will be one of the most important factors the court will consider in determining how you will share these responsibilities in the future. The court will also listen to any reasons one parent may not be fit or suitable to share parenting responsibilities in the future. After hearing all of the evidence, the court will reach a decision. The court may announce its decision at the hearing, or later. The court may accept parts of one or both Individual Plans, and will make whatever modifications or additions are necessary to create a Parenting Plan that is best for the children.

To learn about what to expect at the hearing, and how to prepare, review Steps 6 and 7 in the Petitioner's Divorce Packet Instructions, or Steps 5 and 6 in the Respondent's Divorce Answer Packet Instructions.

The End.

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)

MOTION TO ADOPT INDIVIDUAL PROPOSED PARENTING PLAN

NOTICE TO: _____
(Print the name of the other party.)

Take Notice that I, _____, will come before the Family Court of
(Print your name.)

Monroe County, and make a MOTION for the Court to adopt my Individual Proposed Parenting Plan. This Motion will be made at ____:____ a.m. / p.m. on the _____ day of _____, 20____.

MOTION

I, _____, request that the Court adopt my Individual Proposed Parenting Plan. I have attached copies of my Individual Proposed Parenting Plan and Worksheet to this Motion.

(Print your name.) Signature Date

CERTIFICATE OF SERVICE

STATE OF WEST VIRGINIA
COUNTY OF MONROE

I, _____, the person making this Motion, mailed the Motion and Notice, together with my Individual Proposed Parenting Plan, by first class mail, to _____, at the address of _____, on the _____ day of _____, 20____.

Signature Date

IN RE:
The Marriage / Children Of:

Civil Action No. _____

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

WORKSHEET FOR INDIVIDUAL PROPOSED PARENTING PLAN

This Worksheet completed by: _____ Date: ____ / ____ / ____
(Print your name.)

PARENTING RESPONSIBILITIES

Complete the following list which shows how you and the other parent have shared parenting responsibilities in the last twenty-four months before your case was filed. Do not provide information for any time after the filing of the case. For each responsibility, the blanks should always add up to 100 percent.

This list is for the children named: _____

(A) Daily Physical Needs and Care

Examples: feeding, bedtime and wake-up routines; care when child is sick or hurt; bathing, grooming, personal hygiene, and dressing; recreation and play; physical safety; transportation.

Petitioner ____% Respondent ____%

(B) Developmental Needs

Examples: learning to walk, talk and use eating utensils; toilet training; development of self-confidence and maturity.

Petitioner ____% Respondent ____%

(C) Development of Proper Behavior

Examples: discipline, instruction in manners; assignment and supervision of chores.

Petitioner ____% Respondent ____%

(D) Educational Matters

Examples: making school arrangements; communicating with teachers and counselors; supervision of homework; monitoring grades and discussing school related matters.

Petitioner ____% Respondent ____%

(E) Development of Social Skills

Examples: teaching the child how to develop proper personal relationships with friends, brothers and sisters, and adults.

Petitioner ____% Respondent ____%

(F) Health Care

Examples: making arrangements and appointments for health care; accompanying child to doctor's and dentist's appointments; discussing child's health care needs with doctors, dentists, and other health care providers; providing care in the home when child is ill.

Petitioner _____% Respondent _____%

(G) Moral and Religious Matters

Examples: discussing moral and religious matters with the child; providing moral and religious guidance; accompanying the child to church.

Petitioner _____% Respondent _____%

(H) Child Care Matters

Examples: making arrangements for child care by family members, baby-sitters, or child care facilities; supervising and communicating with these child care providers.

Petitioner _____% Respondent _____%

MAKING MAJOR DECISIONS FOR THE CHILDREN

Explain how you and the other parent have shared the responsibilities for making major decisions for the children. This information is for only the last twenty-four months before your case was filed. Do not provide information for any time after the filing of the case.

1. First, review the types of decisions in the list on the next page, then answer the following question.

Did you and the other parent always make the types of major decisions on the list by talking the decision over, and coming to an agreement on what the decision should be?

YES NO

If you answered "Yes," you don't need to complete the list; you're finished with this section. If you answered "No," read item 2.

2. Complete the list on the next page by indicating the percentage of time each type of decision was shared, which means you and the other parent talked the decision over and came to an agreement on the decision; or the percentage of time each type of decision was made by you or the other parent, alone, without talking it over. For each type of decision, the numbers in all of the blanks should always add up to 100 percent. In items (F) and (G), you may write in other types of major decisions, and complete those items just as you completed the first part of the list.

This list is for the children named: _____

(A) Education	Shared _____ %	Petitioner _____ %	Respondent _____ %
(B) Non-Emergency Health Care	Shared _____ %	Petitioner _____ %	Respondent _____ %
(C) Religion	Shared _____ %	Petitioner _____ %	Respondent _____ %
(D) Child Care	Shared _____ %	Petitioner _____ %	Respondent _____ %
(E) School Related Activities	Shared _____ %	Petitioner _____ %	Respondent _____ %
(F) _____	Shared _____ %	Petitioner _____ %	Respondent _____ %
(G) _____	Shared _____ %	Petitioner _____ %	Respondent _____ %

PARENTS' CURRENT WORK SCHEDULES

List your current work schedule. Complete only the part on your work schedule.

Petitioner's Work Schedule

Respondent's Work Schedule

CHILDREN'S SCHOOL, AFTER SCHOOL, & SPORTS ACTIVITIES

List your children's current school, after school activity, and sports schedules. School includes pre-school and kindergarten programs. Explain when and how the children go to school and other activities, and when and how they come home. (If you have filed an Affidavit To Withhold Identifying Information, then you do not have to list your children's school.)

None of our children attend school, pre-school, or kindergarten.

This list is for the children named: _____

CHILD CARE

Explain the arrangements for child care currently provided to your children by persons other than the parents. Explain who provides child care, and explain the child care schedule. (If you have filed an Affidavit To Withhold Identifying Information, then you do not have to provide the name of the childcare provider.)

None of our children receive child care from any person other than the parents.

This list is for the children named: _____

OTHER INFORMATION

Provide any other information you think the court should know concerning how you and the other parent take care of the children.

VERIFICATION

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

Civil Action No. _____

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

PARENTING PLAN

This Parenting Plan is proposed

individually by _____, the Petitioner / Respondent.

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

jointly by _____, and _____.

This plan is proposed for use temporarily / permanently / both temporarily and permanently.

CHILDREN

List the name and date of birth of all children subject to this Parenting Plan.

Name	Date of Birth	Name	Date of Birth
	/ /		/ /
	/ /		/ /
	/ /		/ /
	/ /		/ /

The other parent should not have parenting time with the children due to the following:

RESTRICTIONS

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

CONDUCT THAT CAN REQUIRE PARENTAL RESTRICTIONS.

- The parent has abused, neglected, or abandoned a child.
- The parent has sexually assaulted or abused a child.
- The parent has committed acts of domestic violence.

CONDUCT THAT CAN REQUIRE PARENTAL RESTRICTIONS (continued).

- The parent has repeatedly interfered with the other parent's rights to contact or visit the children. But, this situation **does not** justify restrictions if the parent interfered with the other parent's access in order to protect a child's safety.
- The parent has repeatedly made unfounded reports of domestic violence, child abuse or neglect, or sexual abuse.
- A Court has issued a restraining order against the parent for domestic or family violence.
- The parent has neglected their responsibilities for caring for the children.
- The parent has engaged in alcohol, drug, or other substance abuse that has resulted in that parent neglecting their responsibilities for caring for the children.
- The parent does not have a loving emotional relationship with the children.
- The parent habitually starts arguments with the other parent, or the children.

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

NO RESTRICTIONS should be included in the Parenting Plan, because neither parent has engaged in any conduct harmful to the children.

RESTRICTIONS should be included in the Parenting Plan, and these restrictions should be placed on the Petitioner / Respondent. These restrictions should be included in the Parenting Plan because the Petitioner or Respondent has engaged in conduct harmful to the children. **If you checked the "Restrictions" box, you *must* complete the following section by listing the reasons you think restrictions should be included in the Parenting Plan. (Describe the conduct you think requires restrictions. You may describe the kinds of conduct on the preceding list, or other conduct you think is harmful, even if that conduct is not on the list. If the issuance of a restraining order is the reason for restrictions, you must list the court in which the restraining order was issued, and the case number.)**

Reasons for Restrictions:

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

VISITATION

No Visitation should be granted to the following individual:

Petitioner. Respondent.

Other Individual(s): _____

SUPERVISED VISITATION

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

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

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

SUPERVISED TRANSFERS

Transfer of the children from one parent to another should be supervised. (If you checked this box, you *must* complete the next item.)

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

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

Other Proposed Restrictions:

DECISION MAKING

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

1. The parent with whom a child is residing makes **all** day-to-day decisions about the care and control of the child.
2. Either parent may make **emergency** decisions affecting the health or safety of the children, **at any time regardless of the parent with whom the children are residing at the time.**

Major Decisions

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

TYPE	PETITIONER	RESPONDENT	SHARED
Education:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical, Dental, Eye Care:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious Matters:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Employment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Use:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School and After School Activities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked the box for no visitation under the restrictions section, you only need to sign the Parenting Plan and Verification on the last page of this form.

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

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

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

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

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

CHILDREN NOT IN SCHOOL

Children's names: _____

These children will reside with Petitioner and Respondent according to the following schedule.

PETITIONER - WEEKDAYS

Mark the day if the children will reside with Petitioner some or all of that day, then check All Day if that applies, or fill in the times if All Day doesn't apply.

<input type="checkbox"/> Monday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Tuesday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Wednesday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Thursday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Friday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.

PETITIONER - WEEKENDS

Mark the weekends of the month the children will reside with Petitioner all or part of the weekend, then fill in the time and day blanks.

<input type="checkbox"/> Alternating ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
- OR -
<input type="checkbox"/> 1st: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 2nd: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 3rd: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 4th: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 5th: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____

RESPONDENT - WEEKDAYS

Mark the day if the children will reside with Respondent some or all of that day, then check All Day if that applies, or fill in the times if All Day doesn't apply.

<input type="checkbox"/> Monday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Tuesday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Wednesday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Thursday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Friday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.

RESPONDENT - WEEKENDS

Mark the weekends of the month the children will reside with Respondent all or part of the weekend, then fill in the time and day blanks.

<input type="checkbox"/> Alternating ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
OR
<input type="checkbox"/> 1st: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 2nd: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 3rd: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 4th: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 5th: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____

CHILDREN IN SCHOOL

Children's names: _____

These children will reside with Petitioner and Respondent according to the following schedule.

PETITIONER - WEEKDAYS

Mark the day if the children will reside with Petitioner some or all of that day, then check All Day if that applies, or fill in the times if All Day doesn't apply.

<input type="checkbox"/> Monday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Tuesday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Wednesday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Thursday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Friday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.

PETITIONER - WEEKENDS

Mark the weekends of the month the children will reside with Petitioner all or part of the weekend, then fill in the time and day blanks.

<input type="checkbox"/> Alternating ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
- OR -
<input type="checkbox"/> 1st: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 2nd: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 3rd: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 4th: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 5th: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____

RESPONDENT - WEEKDAYS

Mark the day if the children will reside with Respondent some or all of that day, then check All Day if that applies, or fill in the times if All Day doesn't apply.

<input type="checkbox"/> Monday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Tuesday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Wednesday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Thursday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Friday:	<input type="checkbox"/> All Day - OR -	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.

RESPONDENT - WEEKENDS

Mark the weekends of the month the children will reside with Respondent all or part of the weekend, then fill in the time and day blanks.

<input type="checkbox"/> Alternating ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
OR
<input type="checkbox"/> 1st: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 2nd: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 3rd: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 4th: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 5th: From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____

HOLIDAYS

The following chart lists nationally recognized holidays and family occasions such as birthdays, and provides space for you to write in other special family occasions. For each holiday or occasion, in the columns "Even Year," and "Odd Year," use a "P" or "R" to indicate the parent with whom the children will spend each holiday or other occasion. Then, indicate the exact times the holiday period with the parent will begin and end. If a child will spend part of a holiday with one parent, and part with the other, put an "X" in the "Split Day" column, and in the "Exchange Time" column indicate when one parent's time with the child ends, and the other parent's time begins.

Holiday	Even Year	Odd Year	Time with the Parent:		Split Day	Exchange Time
			From	To		
New Year's Eve			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
New Year's Day			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Martin L. King Day			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
President's Day			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Easter			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Spring Break			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Memorial Day			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
July 4th			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Labor Day			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Thanksgiving Day			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Thanksgiving Break			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Christmas Eve			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Christmas Day			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Christmas Break			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Hanukkah			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Kwanza			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Other Occasions	Even Year	Odd Year	Time with the Parent:		Split Day	Exchange Time
			From	To		
Petitioner's Day			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Respondent's Day			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Petitioner's Birthday			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Respondent's Birthday			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Child's Birthday			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Halloween			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.

SUMMER AND OTHER VACATION TIMES

This plan proposes that in addition to the residential and holiday scheduling listed above, the parents will vary these schedules to divide school/work vacations as described in this section.

The parents will work together to make arrangements for specific dates and times for vacation no later than one month in advance of the time requested for vacation.

The child(ren) shall spend (how many?) _____ vacation days / weeks with Petitioner and (how many?) _____ vacation days / weeks with Respondent.

Dates: _____

DESIGNATION OF LEGAL CUSTODIAN

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

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

- Petitioner.
- Respondent.
- Alternates yearly between Petitioner and Respondent. *(Designate a schedule below.)*

During evenly numbered years the legal custodian is the Petitioner. or Respondent.

During oddly numbered years the legal custodian is the Petitioner. or Respondent.

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

_____ Legal Custodian: Petitioner Respondent Alternating
Child's Name

_____ Legal Custodian: Petitioner Respondent Alternating
Child's Name

_____ Legal Custodian: Petitioner Respondent Alternating
Child's Name

_____ Legal Custodian: Petitioner Respondent Alternating
Child's Name

_____ Legal Custodian: Petitioner Respondent Alternating
Child's Name

TRANSFERS OF THE CHILDREN FROM PARENT TO PARENT

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

1. **Weekday transfers occur at the**

Petitioner's Residence. Respondent's Residence. Child's School.

Other location: (Specific address.) _____

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

Other arrangements. (Be specific.)

2. **Weekend transfers occur at the**

Petitioner's Residence. Respondent's Residence. Child's School.

Other location: (Specific address.) _____

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

Other arrangements. (Be specific.)

TRANSPORTATION ARRANGEMENTS FOR THE CHILDREN

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

OR

The following arrangements will apply:

Special Travel

The arrangements for, and the cost of special or unusual travel will be the responsibility of:

Petitioner. Respondent. (Examples: trips by airplane, bus, or train to visit a distant parent, or travel by these methods for school trips.)

OR

The following arrangements will apply:

TELEPHONE CONTACT BETWEEN PARENTS AND CHILDREN

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

Child Calling A Parent

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

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

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

Parent Calling Child

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

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

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

COMMUNICATION BETWEEN PARENTS

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

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

1. The parents will inform each other as soon as possible about all of the children's school, sports, and other activity schedules to ensure nothing interferes with the children's participation.
2. The parents will always let each other know their current residence addresses, mailing addresses, home, work, and emergency telephone numbers, and will notify each other within 24 hours of any changes in these matters. BUT, this requirement does not apply in cases in which the Family Court has allowed the withholding of identifying information.
3. The parents will never say anything in the children's presence that would reduce the children's love or affection for either parent.
4. The parents will never allow any person in the children's presence to speak poorly of an absent parent.
5. The parents will never discuss disagreements or financial matters in the children's presence.

COMMUNICATION BETWEEN PARENTS (continued)

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

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

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

CHANGES IN PARENTING PLAN ARRANGEMENTS

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

Three rules always apply to changes.

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

Proposals for handling non-emergency changes in Parenting Plan arrangements:

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

CHANGES IN PARENTING PLAN ARRANGEMENTS (continued)

- A parent receiving a request for a change will respond
 - in person. by phone. in writing. by e-mail.
- A parent requesting a change will be responsible for any additional child care or transportation costs caused by the change.
- Other arrangements: _____

MILITARY PARENTS

If one or both parents are members of the Navy, Air Force, Marine Corps, Coast Guard, National Guard or a reserve component of these services, then the parents shall provide the parenting arrangements while one or both parents are deployed for combat operations, a contingency operation, a natural disaster, or military school or training, based on orders that do not permit family members to accompany the parent. If a parent is deployed as provided above and said deployment substantially changes the parenting agreement, the parents agree the children will reside during the deployment with:

- Petitioner.
- Respondent.
- Other Individual(s): _____

When the deployment is completed the parents agree to:

- Return to the parenting agreement prior to deployment immediately.
- Other: _____

If a military parent is on break or leave during a deployment as described above then all reasonable efforts shall be made to allow parenting time for the military parent.

ADDITIONAL TERMS AND CONDITIONS

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

- NO additional terms and conditions.
- Additional terms and conditions are:

SETTLING DISAGREEMENTS

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

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

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

Costs of settling disagreements should be handled as follows:

Petitioner pays _____ % of the costs. Respondent pays _____ % of the costs.

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

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

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

THE FAMILY COURT'S POWER TO ENFORCE PARENTING PLANS

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

WAYS IN WHICH THE FAMILY COURT CAN ENFORCE A PARENTING PLAN

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

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

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

If a parent violates the Parenting Plan, the Court can modify the plan in favor of the parent who did not violate the plan. The Court can change custodial responsibility to favor the non-violating parent, or the Court can grant exclusive custodial responsibility to the non-violating parent. The Court can order a parent violating a Parenting Plan to submit to counseling. The Court can order a parent violating a Parenting Plan to pay a civil penalty up to \$100 for a first violation, up to \$500 for a second violation, or up to \$1,000 for a third violation.

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

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

Signatures: (Petitioner and Respondent both sign only if submitting a Joint Proposed Parenting Plan.)

Petitioner (Print Name.) Signature Date

Respondent (Print Name.) Signature Date

VERIFICATION

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

I / we, _____,

after making an oath of affirmation to tell the truth, say that the facts I/we have stated in this Proposed Parenting Plan are true to the best of my/our personal knowledge and belief; and if I/we have provided information given to me/us from others, I/we believe that information to be true.

Parent's Signature

Date

Parent's Signature

Date

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

Notary Public / Other Official

My commission expires: _____.

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
	\$			<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
	\$			<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
	\$			<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

**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. 552a), 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.

If you are the party to schedule the hearing in your case use the following form.

Hearings may be scheduled no sooner than 20 days after service has been made on the respondent.

Hearing notices must be sent to both the opposing party and the Circuit Clerk for placement in your case file.

You may schedule a hearing by calling family court at 304-647-7406. Have your names, phone numbers and case number available.

IN THE FAMILY COURT OF MONROE COUNTY, WEST VIRGINIA

IN RE: Civil Action No. _____
The Marriage Of: _____

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

NOTICE OF HEARING

(You must contact the Family Court staff to schedule a hearing date.)

TO: _____
Name

Street Address

City / State / Zip Code

You are hereby given notice that the undersigned will bring the above-styled action on for final hearing before the Family Court Judge. The hearing will be on the _____ day of _____, 20____, at _____ a.m. / p.m., or as soon thereafter as may be heard. Hearings before the Family Court Judge shall be held at the following location:

Monroe County Family Court - Greenhill Rd. Union, WV 24983

You may be present to protect your interests

Signature

CERTIFICATE OF SERVICE

I, _____, Petitioner/Respondent in the
(Print Your Name)

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

_____ day of _____, 20____.

Signature

The following forms are optional and are included for your convenience.

Please review the instruction packet to determine if any of these forms pertain to your circumstances.

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)? \$ _____

Case No. _____

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: _____

NOTICE to Court Personnel:

Pursuant to Rule 10(b) of the Rules of Practice and Procedure for Family Court, upon the filing of this affidavit in proper form, the person filing the affidavit, or the person in whose interest the affidavit was filed shall be permitted to withhold identifying information from all persons except court personnel whose duties require access to the information; and shall not be required to provide identifying information in pleadings, forms, document filings, or in any other manner. All court personnel with access to such identifying information shall keep the information confidential, and shall withhold it from all persons except other court personnel whose duties require access to the information.

IN THE FAMILY COURT OF _____ COUNTY, WEST VIRGINIA

In re: The Marriage / Children of:

_____, Petitioner, and _____, Respondent.

Civil Action No. _____.

AFFIDAVIT

to

Withhold Identifying Information

State of West Virginia.

County of _____.

I, _____, after being sworn, state that the health, safety, or liberty of the persons whose names are listed below would be put at risk by the disclosure of information which could be used to locate these persons, or contact them by telephone, or by other means. Persons at risk are: _____

These persons are at risk because: _____

_____, _____, _____ Petitioner _____ Respondent.

(Print your name.)

Signature

Sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires _____.

IN THE FAMILY COURT OF _____ COUNTY, WEST VIRGINIA.

In Re:

The Marriage / Children of:

Civil Action No. _____

_____, and

Petitioner

Respondent

Address

Address

Daytime phone

Daytime phone

MOTION FOR TEMPORARY RELIEF

This Motion is being made by: _____
(Print your name here.)

- Yes No Have you previously requested temporary relief in this case.
- Yes No Has the other party previously requested temporary relief in this case.

NOTICE OF MOTION

TO: _____
(Print the name of the opposing party.)

TAKE NOTICE that _____, will come before the Family
(Print your name.)
Court of _____ County, and make a MOTION for the Court to ORDER certain
Temporary Relief. This Motion for Temporary Relief will be made at ___ a.m./p.m. on the
(time)

___ day of _____, _____.
(date) (month) (year)

MOTION

I, _____, request the Court to Order the following
(Print your name here.)

Temporary Relief. (Place an "X" in the blank in front of the relief you want.)

- 1. Yes No Determine custodial responsibility and time to be spent with children.
- 2. Yes No Adopt my Individual Proposed Parenting Plan.
(Check "yes" only if you have attached a Parenting Plan.)
- 3. Yes No Order a reasonable amount of child support.

- 4. Yes No Order a reasonable amount of spousal support (alimony).
 - 5. Yes No Order that health insurance be maintained or established.
 - 6. Yes No Decide the use and/or possession of property.
 - 7. Yes No Determine responsibility for debts and attorney's fees.
 - 8. Yes No Appoint a *guardian ad litem* for a party or a child of the parties.
 - 9. Yes No Issue a Protective Order.
 - 10. Yes No Other _____
-
-

(Sign your name before a Notary or Deputy Circuit Clerk.)

Sworn to before me on the ____ day of _____, _____.
Notary Public / Other Official _____
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 and Notice, together with any and all attached documents, by first class

United States Mail, postage paid, to _____, at the address of
(opposing party)

_____, on the ____ day of
(opposing party's address) (date)

_____,
(month) (year)

Signature

Date

IN THE FAMILY/CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

AFFIDAVIT OF OUT-OF-STATE OR UNKNOWN RESIDENCY

STATE OF WEST VIRGINIA

COUNTY OF _____, to-wit:

I, _____, after being sworn, do say that I am the Petitioner in the foregoing Petition for Divorce now pending in the Family Court of _____

County, West Virginia; and further that:

The Respondent, _____,

(CHECK ALL THAT APPLY)

is not a resident of the State of West Virginia; and the last known address of the Respondent is

_____ County;

OR

After giving my documents twice to the Sheriff in the County where the Respondent resides, the Sheriff has not been able to serve the Respondent;

OR

I have used due diligence to determine the address of the Respondent and have been unable to locate it. The address of the Respondent is unknown to me.

Petitioner, Pro Se

Taken, sworn to, and subscribed before me this _____ day of _____, 20____.

Notary Public

My Commission expires _____.

IN THE FAMILY COURT OF MONROE COUNTY, WEST VIRGINIA

IN RE: Civil Action No. _____
The Marriage of:

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

ORDER OF PUBLICATION

**THE OBJECT OF THIS SUIT IS TO OBTAIN A DIVORCE.
THIS IS A PUBLICATION BY CLASS II LEGAL ADVERTISEMENT.**

To the Above-Named Respondent:

It appearing by affidavit filed in this action that _____

is a non-resident of the State of West Virginia or has an unknown address. It is hereby ordered that

_____ serve upon _____

(Check only one.) Petitioner / Petitioner's Attorney / Circuit Clerk's Office, whose address is _____, West Virginia,

an Answer, including any related counterclaim or defense you may have to the Petition For Divorce filed in this action on or before _____, 20____. If you fail to Answer the Petition for Divorce, a judgment may be taken against you for the relief demanded in the Petition.

A copy of said Petition can be obtained from the undersigned Clerk's Office.

Entered by the Clerk of said Court _____

Clerk of the Court

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)

**SERVICEMEMBERS CIVIL RELIEF ACT WAIVER:
WAIVER OF RIGHT TO REQUEST STAY OF PROCEEDINGS**

[To be completed by Military Servicemembers only.]

I acknowledge that I have the right to request a stay of proceedings in this case under the Servicemembers Civil Relief Act. The stay of proceedings, or continuance, would postpone a hearing in this case if it were granted.

I hereby waive and give up the right to a stay of proceedings. I want to proceed with this case.

Signature

Date

Printed Name

Take, sworn to, and subscribed before me this _____ day of _____, 20_____.

Notary Public or Deputy Circuit Clerk

My Commission expires _____.

ACCEPTANCE OF SERVICE

I hereby accept service of the Summons and a copy of the Petition in the case styled,

and

Civil Action No. _____ this _____ day of _____, 20_____.

This Acceptance of Service shall have the same force and effect as if personally served upon me in

Monroe County, West Virginia, by the Sheriff of said County.

Signature of Respondent

Provide the information below if you have NOT requested to withhold your identifying information

Address

()
Phone

Taken, sworn to, and subscribed before me this _____ day of _____, 20_____.

Notary Public or Deputy Circuit Clerk

My Commission expires _____.