

PRO SE MODIFICATION PACKET

Child Support, Spousal Support and Time Spent With Children

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/family-forms/index-family-forms.html>

FILING FEE.....\$85.00..... 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

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

- 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.

Use the following forms if you are seeking modification of time spent with the children.

IN RE:

The Marriage / Children Of:

Civil Action No. _____

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

PETITION FOR MODIFICATION

1. General Information

a. The Petitioner is _____, who is

- the parent/spouse whose name is listed in the case style at the top of this page; or
- other person, whose relationship to the Respondent / children is _____

b. The Petitioner requests that the Order entered on the date of ____ / ____ / ____ be modified with regard to:

- Parenting Plan
- Child Support
- Spousal Support
- Other: (Explain) _____

2. I want the Court to modify the Order in these ways: (Check all that apply.)

- Increase Child Support
- Decrease Child Support
- End Child Support
- Change Parenting Plan with regards to:
 - decision making:
 - time spent with the children;
 - Other: (Explain) _____

Order child support *paid to* another person, who is _____

Order child support *paid by* another person, who is _____

- Increase Spousal Support
- Decrease Spousal Support
- End Spousal Support

Other modification request(s): *(Explain.)*

3. The following circumstances justify the modification I am requesting.

(Explain all of the changes in circumstances you think justify the modifications you requested.)

4. Information concerning Public Assistance and Child Support Enforcement Services

- a. A Public Assistance Check from Health and Human Services is now being received by
 - the Children;
 - the Petitioner; and/or
 - the Respondent.
- b. A Public Assistance Check from Health and Human Services was received in the past by
 - the Children;
 - the Petitioner; and/or
 - the Respondent.
- c. Services from the Bureau for Child Support Enforcement have been applied for by
 - the Petitioner; and/or
 - the Respondent.
- d. Income withholding services are currently being received from the Bureau for Child Support Enforcement.

5. Information concerning Child Protective Services (CPS) and other court cases.

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

Petitioner's Signature

Date

You must sign the Verification below before a Notary Public.

VERIFICATION

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

Signature

Date

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

Notary Public / Other Official

My commission expires: _____.

CERTIFICATE OF SERVICE

State of West Virginia

County of _____

I, _____, the Petitioner for Modification, mailed my Petition by first class United States Mail, postage paid, to _____, at the address of

_____.

on the _____ day of _____, 20_____.

and

to. _____, at the address of

_____.

on the _____ day of _____, 20_____.

Petitioner's Signature

Date

IN RE:
The Marriage / Children Of:

Case No. _____

Judge: _____

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

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

PETITIONER'S IDENTIFYING INFORMATION	IMPORTANT NOTICE
<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 _____

() - Male / Female

Phone Number _____

Social Security Number _____ Date of Birth _____

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

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

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

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

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

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

6. I am proceeding without an attorney.

OR

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

Attorney Name: _____

Firm: _____

Address: _____

Telephone: () - _____

Dated: _____

Signature _____

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 _____ COUNTY, WEST VIRGINIA

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

_____, 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	
<i>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.</i>	
<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	
<i>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.</i>	
<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	
<i>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.</i>	
<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	
<i>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.</i>	
<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: _____.

Use the following forms if you are seeking modification of child and/or spousal support.

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

IN THE FAMILY COURT OF MONROE COUNTY, WEST VIRGINIA

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

_____ 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

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

IN THE _____ COURT OF _____ 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: _____

2. Describe what is involved in your case: _____

3a. Do you have a lawyer? Yes No

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

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

4. Check if seeking waiver for:

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

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

C. Information about Your Financial Situation:

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

Employer: \$ _____ Second Job: \$ _____ Self-Employment: \$ _____

Public Assistance: \$ _____ Food Stamps: \$ _____ Unemployment: \$ _____

Benefits: \$ _____ Disability Benefits: \$ _____ Social Security/SSI: \$ _____

Alimony: \$ _____ Pensions: \$ _____ Rental Income: \$ _____

Interest: \$ _____ Dividends: \$ _____ Annuities: \$ _____

Odd Jobs: \$ _____ Other: \$ _____ (specify): _____

YEARLY TOTAL: \$ _____

Please remember to attach financial documents which verify this information.

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

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

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

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

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

Mortgage/Rent: \$ _____	Car payment: \$ _____	Loan payments: \$ _____
Credit card payments: \$ _____	Other debt payments: \$ _____	Utilities: \$ _____
Cell phone: \$ _____	Food: \$ _____	Child-care: \$ _____
Child Support: \$ _____	Alimony: \$ _____	Medical bills: \$ _____
Other expenses: \$ _____ (specify): _____		

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

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

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

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

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

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

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

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

Signature of Affiant-Applicant: _____

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

Signature of Notary (Clerk or Deputy Clerk): _____

For Court Use Only

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

Date: _____ Signature of Clerk or Deputy: _____