

Contempt Petition Instructions

*** IMPORTANT INFORMATION ***

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

You may file a Petition for Contempt 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 staff 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.

The Contempt Petition Packet contains Instructions and a Contempt Petition form. Read the instructions carefully , and please write clearly when you fill in the form. If the instructions are not followed, or if the form is not properly completed, your Contempt Petition may be dismissed, or delayed. It's best to read all of the instructions before you start filling out the form . You may want to make a couple of spare copies of the blank form before you start filling it out. You can use these copies to practice on, or if you make an error.

The petition form requires 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 a 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. 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 party's papers will be served through the Family Court, and not directly on you.

If the person you name in your Contempt Petition does not live in West Virginia, the Family Court may have limited power to enforce the order you believe is being violated.

STEP 1. DETERMINE IF A CONTEMPT PETITION IS RIGHT FOR YOUR SITUATION

The first thing you need to do is determine if filing a Contempt Petition is the correct legal action for your situation. For example, if what you want to do is request the court to change the terms of an order, a Contempt Petition is not the correct course of action. To request a change in the terms of a court order, you need to file a Petition for Modification. Modification Packets are available in Family Court and Circuit Clerk offices.

If you want the court to enforce the terms of an order you believe is being violated, filing a Contempt Petition may be the correct legal action. When you file a Contempt Petition, you are asking the court to hold the person named in the petition in contempt of court for failing to obey a court order; and you are asking the court to force that person to obey the order. These are some examples of failures to obey a court order. This is only a listing of a few examples, and does not cover all possibilities.

1. Failure to pay child support, or spousal support.
2. Failure to make payments ordered to carry out equitable distribution of marital property.
3. Failure to follow the terms of a court ordered Parenting Plan.

If you believe filing a Contempt Petition is the correct course of action for your situation, proceed to Step 2.

STEP 2. OBTAIN A COPY OF THE ORDER

You will need a copy of the court order you believe is being violated, because a copy of the order must be attached to your Contempt Petition. If you do not have a copy of the order, obtain one from the Circuit Clerk's office.

STEP 3. FILL OUT THE PETITION FORM

You must provide all requested information. The failure to provide all information required on the petition form may prevent you from obtaining a hearing before the court .

Tips on filling out the petition form.

1. Be certain you provide a complete and current address for the person you want the court to hold in contempt. The sheriff's department must serve the Petition on that person by delivering it in person. To do that, the sheriff's department must have a complete address. If the sheriff's department cannot find the person and serve the petition, the case will not proceed.
2. If you are claiming the person named in your petition has failed to obey an order requiring the payment of child support, spousal support, or separate maintenance, you **must**:
 - A . List the due dates and amounts of payments you claim were not made.
 - B. State the total amount past due as of the date you sign the petition.
 - C. Attach to your petition a copy of the court order which required the payments you claim have not been made.
3. If you are claiming the person named in your petition has failed to obey the terms of a court ordered Parenting Plan, you **must**:
 - A . Explain how the person failed to obey the terms of the court ordered plan . Your explanation must be specific, and you must provide dates on which you claim the person did not obey the terms of the plan.
 - B. Attach to your petition a copy of the court ordered Parenting Plan.

4. If you are claiming the person named in your petition has failed to obey other terms and conditions of a court order, you **must**:
 - A. Explain how the person failed to comply with the terms and conditions of the order. Your explanation must be specific, and must include the dates upon which you claim the failures to obey occurred..
 - B. Attach to your petition a copy of the order.
5. After you have finished filling out the form, you must sign the petition, and you **must** sign the Verification at the end of the form. You must sign the Verification before a **Notary Public**, or **other** authorized public official such as a Deputy Circuit Clerk.

STEP 4. TAKE OR MAIL YOUR PETITION TO THE FAMILY COURT

These are the papers you need to take or mail to the Family Court.

1. Your completed and verified Petition.
2. Copy of the order you believe is being violated.
3. Copies of any documents you believe will prove the order is being violated.

STEP 5. THE FAMILY COURT JUDGE REVIEWS YOUR PETITION

The Family Court Judge will review your Petition and any documents you file with it, and determine whether to hold a hearing.

The Family Court Judge does not have to hold a hearing . The judge may dismiss your Petition without a hearing if:

1. You have failed to completely and properly fill out and verify the Petition.
2. The judge determines the information you have provided in your Petition fails to make a sufficient case that the person you name has violated a court order.

If the Family Court Judge determines your Petition requires a hearing, a hearing date and time will be set, a Notice of Contempt Hearing / Rule to Show Cause will be issued, the person named in your Petition will be served with a copy of your Petition and the Notice / Rule, and you will receive a copy of the Notice / Rule. **When you receive the Notice / Rule, you MUST immediately go to the Circuit Clerk's Office and pay the \$25 fee for personal service of the Petition and Notice / Rule on the opposing party. If you do not do this, the opposing party will not be served, and if the opposing party is not served, there will be no hearing , and your contempt case will end before it starts.**

If you cannot afford to pay the \$25 fee, read the following paragraph. The Notice / Rule will state the date, time, and place of the hearing, and it will inform the person named in your Petition that he or she is required to come to the hearing. At the hearing, you and the person named in your Petition each will be given an opportunity to present your side of the case. Step 6 explains how to prepare for a hearing.

What to do if you cannot afford to pay fees.

If you cannot afford to pay fees, you should ask a Deputy Circuit Clerk for an affidavit to waive fees and costs. You can fill out the affidavit in the clerk's office. The affidavit requires you to list some basic information about your financial situation. A Deputy Clerk can review your completed affidavit while you wait, and tell you if you meet the legal requirements to have your fees and costs waived. If you don't meet these requirements, you must pay fees and costs, but you can ask the Court to review your affidavit later. Criminal charges can be filed against you if you provide false information on this affidavit.

STEP 6. HOW TO PREPARE FOR A HEARING

If the Family Court Judge decides to hold a hearing on your Petition, you will need to prepare for the hearing. The following paragraphs explain what you should do to make sure you are ready to present your case.

1. **Witnesses.** If you need a witness to testify at the hearing, and you are not certain the witness will come to the hearing voluntarily, you need to obtain a witness subpoena to require that witness will attend.
 - You should request witness subpoenas **at least 10 days before the hearing** .
Witness subpoenas are handled by 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.
 - **If you cannot afford to pay the fees, read the last paragraph in Step 5.**
2. **Make a plan for how you will present your case.**
 - At the hearing, you will be required to show the person named in your Petition has failed to obey the order you claim is being violated.
 - Depending on the nature of your case, you may need to show that money has not been paid, or that the person has failed in some other way to obey the terms of an order. You prove these things by your testimony, by the testimony of other witnesses, or by documents and records.
 - Make a plan for how you will present your case. Make a list of the points you want to prove, and for each of point, list how you will prove it, by witness testimony, or a document, for example.

End

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 _____ | |
| () - _____ | <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 _____

IN THE FAMILY COURT OF Mason COUNTY, WEST VIRGINIA

In Re:

The Marriage / Children of:

Civil Action No. _____

_____,
Petitioner

and

_____.
Respondent

Address

Address

Daytime phone

Daytime phone

PETITION FOR CONTEMPT

1. Your name: _____. List any other name(s) you were known by during this case. _____

Your current address: _____

2. Name of the person you want the court to hold in contempt: _____

Address: _____

Daytime telephone number: _____ Social Security number: _____

3. Your Reasons for Making this Contempt Petition

A. Failure to Make Payments of Money

___ I believe the person I want the court to hold in contempt has failed to make court ordered payments of:

___ Child support

___ Spousal support

___ Separate maintenance

___ Equitable distribution

___ Medical support

___ Other (List, and be specific.) _____

You must attach a copy of the order requiring these payments.

List the due dates and amounts for all payments that have not been made.

List the total amount due and unpaid on the date you sign this petition: \$_____.

B. Failure to Obey Court Ordered Parenting Plan

___ I believe the person I want the court to hold in contempt has failed to abide by the terms and conditions of a court ordered Parenting Plan. For each instance you believe the person has failed to abide by the Parenting Plan, you must list the date, and explain *specifically* how the person failed to abide by the plan; and you MUST attach a copy of the Parenting Plan.

C. Failure to Obey *Other* Terms, Conditions, or Requirements of a Court Order

___ I believe the person I want the court to hold in contempt has failed to abide by the terms, conditions, or requirements of a court order in some way other than those listed in items A. and B. above. For each instance you believe the person has failed to abide by the terms, conditions, or requirements of an order, you must list the date, and explain *specifically* how the person failed to abide by the order; and you MUST attach a copy of the order.

- 4.** I have attached to this Petition documents I believe prove the person I have named has failed to obey a court order. The documents I have attached are:

For the reasons stated above, I request that the Court issue a Notice of Contempt Hearing / Rule to Show Cause setting a hearing to determine if the person named in this Petition should be held in Contempt of Court.

Your Signature / Petitioner

Date

VERIFICATION of CONTEMPT PETITION

I, _____, after making an oath or affirmation to tell the truth, say that the facts I have stated in this Contempt 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 _____, 200__.

Notary Public / Other Official

My commission expires: _____.

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 (<i>explain below</i>) | \$ |

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