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

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**\* IMPORTANT INFORMATION \***

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

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

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

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

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**INSTRUCTIONS**

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

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

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

The forms in this packet require you to provide your name, address, and telephone number. **If you believe the safety, liberty, or health of you or your children would be put at risk by the disclosure of this information, you may file an affidavit to have the information withheld from all persons except court employees who require the information to carry out their duties.**

The affidavit you need to file is the Affidavit for Withholding Identifying Information (SCA-FC-140). This affidavit form is not included in this packet. You can obtain the affidavit form at the Circuit Clerk's Office. You can complete and file the affidavit in the Circuit Clerk's Office at any time, or you can ask the Family Court Judge to enter an order allowing you to withhold the information.

If your identifying information is withheld, the other parties' court papers will be served through the Circuit Clerk, and not directly on you.

## **STEP 1. FILL OUT THE FORMS**

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

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

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

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

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

## **STEP 2. AT THE CIRCUIT CLERK’S OFFICE**

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

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

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

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

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

**Personal Service by the Sheriff's Department.** The papers are delivered by the Sheriff's Department. This type of service is arranged through the Circuit Clerk's Office. The fee is \$25 for each party being served.

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

**Personal Service by Private Process Server.** The law permits persons other than members of the Sheriff's Department to deliver legal papers, **but**, service cannot be made by a party to the case, **and** the person serving the papers must be 18 years of age or older. For this type of service to be valid, the person who serves the papers must complete a West Virginia Return of Service which states the papers were served, **and** this Return of Service must be filed in the Circuit Clerk's Office.

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

**Witness Subpoenas.** If you know you will need a witness to testify at a hearing, you need to make certain that witness will attend. If you are not certain the witness will voluntarily show up, you will need to subpoena that witness. Witness subpoenas are handled through the Circuit Clerk's Office. To obtain a witness subpoena, you need to provide the Deputy Circuit Clerk with the name and address of the witness, and pay a Clerk's fee of 50¢ per subpoena, and a service fee of \$25 per subpoena, unless your fees have been waived. *If you do not request witness subpoenas at the time you file your Petition, you should make certain you do so at least 10 days before the hearing.*

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

### **STEP 3. PREPARING FOR THE HEARING**

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

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

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

Make sure you have requested all necessary witness subpoenas. You need to request these subpoenas at least 10 days before the hearing. Return to Step 2 for information on witness subpoenas.

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

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

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

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

### **STEP 4. WHAT HAPPENS AFTER THE HEARING?**

The Family Court Judge will consider the evidence presented at the hearing, and make a decision. That decision will be written down in an Order, and copies will be sent to the parties.

IN 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 <b>CONFIDENTIAL</b> 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 <b>NOT TRANSMITTED</b> 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 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.)*

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

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

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**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.**

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**VERIFICATION**

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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: \_\_\_\_\_.

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**CERTIFICATE OF SERVICE**

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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:

Civil Action No. \_\_\_\_\_

\_\_\_\_\_, and  
Petitioner (First/Middle/Last)

\_\_\_\_\_  
Respondent (First/Middle/Last)

**FINANCIAL STATEMENT**

**This form MUST be completed in ALL DIVORCE, CHILD SUPPORT, AND PATERNITY CASES.**

**The Petitioner and the Respondent must each complete one of these forms.**

**The completed form MUST be filed in the Circuit Clerk's Office at the time of filing the Petition for Divorce and/or the Answer to Divorce Petition, and a copy must be served on the opposing party. If the Bureau For Child Support Enforcement is a party, a copy of the completed form must also be served on their local office.**

**If your case involves minor children, or either party requests spousal support, you MUST file the following information WITH your completed Financial Statement.**

1. A copy of your most recent wage or salary stub showing gross pay, deductions for taxes and other items, and net pay for a normal pay period, and for the year-to-date;
2. Copies of your and your spouse's complete income tax returns for the two years immediately preceding the date the petition was filed, together with copies of the federal Form W-2 for those years; and a copy of the Form W-2 for the most recent year for which that form is available, even if a tax return has not yet been filed for that year;
3. For self-employed persons and business owners, a copy of a current financial statement showing gross income, expenses, and net income;
4. Copies of any invoices or receipts showing the cost of any extraordinary medical expenses for the party or the children, of any child care expenses, and of any expenses necessitated by the special needs of the children.

**If the information you provide in this form changes, or any information you file along with this form changes, you MUST immediately provide the new information. Any updates or changes to the financial statement must be filed in the Circuit Clerks office, and a copy served on the opposing party, pursuant to the scheduling order of the Court. If you do not have a scheduling order, then the information must be filed at least 5 days prior to any hearing.**

**The information you provide on this form is ONLY for use in the judicial system, and is required by law and court rule to be kept CONFIDENTIAL.**

**Check this box if you have filed the Affidavit for Withholding Identifying Information.**

**If this box is checked you do not have to provide your home or employment address or telephone.**

**Read each question carefully. Provide all requested information. Write or print clearly. After you have completed the form, you MUST sign the Verification on the last page before a Notary Public.**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_

Any Physical or Mental Disability: \_\_\_\_\_

Education:

Less than High School  High School or Equivalent  Vocational  College  Postgraduate

Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date Employed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gross Pay Per Pay Period: \$ \_\_\_\_\_

Paid:  Weekly  Every Two Weeks  Twice a Month  Monthly

Yes  No: Do you receive TANF benefits? If "Yes," list monthly amount: \$ \_\_\_\_\_.

**YOUR INCOME:** You MUST attach written documentation for all income. For wage earning employees who work fluctuating hours and/or overtime, provide wage history of at least six months, or length of most recent employment, whichever is less. Wage/salary history MUST be documented by W-2 forms, and/or year-to-date figures on the most recent pay stubs. For self-employed individuals, income MUST be verified by documents which show gross income and expenses.

INCOME SOURCE	MONTHLY AMOUNT	INCOME SOURCE	MONTHLY AMOUNT
1. Salary	\$	6. Payments from a Pension Plan	\$
2. Wages	\$	7. Social Security, SSI	\$
3. Commissions	\$	8. Severance Pay, Unemployment	\$
4. Bonuses	\$	9. Worker's Compensation	\$
5. Tips	\$	10. Other ( <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.

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**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
<b>TOTAL OWED: \$</b>		<b>TOTAL OF ALL MONTHLY PAYMENTS: \$</b>		

**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**

<b>ITEM</b>	<b>MONTHLY AMOUNT</b>	<b>ITEM</b>	<b>MONTHLY AMOUNT</b>
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:	
<b>TOTAL MONTHLY EXPENSES: \$</b>			

**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

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## WEST VIRGINIA PARENTING PLAN INSTRUCTIONS

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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 RE: \_\_\_\_\_ Civil Action No. \_\_\_\_\_  
The Marriage / Children Of: \_\_\_\_\_

\_\_\_\_\_, and \_\_\_\_\_  
Petitioner (First/Middle/Last) Respondent (First/Middle/Last)

**WORKSHEET FOR INDIVIDUAL PROPOSED PARENTING PLAN**

This Worksheet completed by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Print your name.)

**PARENTING RESPONSIBILITIES**

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

This list is for the children named: \_\_\_\_\_

**(A) Daily Physical Needs and Care**

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

Petitioner \_\_\_\_ % Respondent \_\_\_\_ %

**(B) Developmental Needs**

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

Petitioner \_\_\_\_ % Respondent \_\_\_\_ %

**(C) Development of Proper Behavior**

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

Petitioner \_\_\_\_ % Respondent \_\_\_\_ %

**(D) Educational Matters**

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

Petitioner \_\_\_\_ % Respondent \_\_\_\_ %

**(E) Development of Social Skills**

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

Petitioner \_\_\_\_ % Respondent \_\_\_\_ %



**(F) Health Care**

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

Petitioner \_\_\_\_\_ %      Respondent \_\_\_\_\_ %

**(G) Moral and Religious Matters**

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

Petitioner \_\_\_\_\_ %      Respondent \_\_\_\_\_ %

**(H) Child Care Matters**

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

Petitioner \_\_\_\_\_ %      Respondent \_\_\_\_\_ %

**MAKING MAJOR DECISIONS FOR THE CHILDREN**

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

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

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

YES     NO

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

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

This list is for the children named: \_\_\_\_\_

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

**PARENTS' CURRENT WORK SCHEDULES**

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

**Petitioner's Work Schedule**

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**Respondent's Work Schedule**

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**CHILDREN'S SCHOOL, AFTER SCHOOL, & SPORTS ACTIVITIES**

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

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

This list is for the children named: \_\_\_\_\_

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**CHILD CARE**

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

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

This list is for the children named: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This Verification was sworn to or affirmed before me on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public / Other Official

My commission expires: \_\_\_\_\_.

IN THE FAMILY COURT OF \_\_\_\_\_ MASON COUNTY, WEST VIRGINIA

IN RE:

The Marriage / Children Of:

Civil Action No. \_\_\_\_\_

\_\_\_\_\_, and  
Petitioner (First/Middle/Last)

\_\_\_\_\_  
Respondent (First/Middle/Last)

**PARENTING PLAN**

This Parenting Plan is proposed

individually by \_\_\_\_\_, the  Petitioner /  Respondent.

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

jointly by \_\_\_\_\_, and \_\_\_\_\_

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

**CHILDREN**

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

<b>Name</b>	<b>Date of Birth</b>	<b>Name</b>	<b>Date of Birth</b>
	/ /		/ /
	/ /		/ /
	/ /		/ /
	/ /		/ /

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:

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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 - <b>OR</b> - 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 - <b>OR</b> - 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 - <b>OR</b> - 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 - <b>OR</b> - 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 - <b>OR</b> - 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 _____
<b>- OR -</b>	
<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 - <b>OR</b> - 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 - <b>OR</b> - 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 - <b>OR</b> - 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 - <b>OR</b> - 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 - <b>OR</b> - 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 _____
<b>OR</b>	
<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.*

- Monday:       All Day - **OR** - From \_\_\_:\_\_\_  a.m./  p.m. to \_\_\_:\_\_\_  a.m./  p.m.
- Tuesday:       All Day - **OR** - From \_\_\_:\_\_\_  a.m./  p.m. to \_\_\_:\_\_\_  a.m./  p.m.
- Wednesday:       All Day - **OR** - From \_\_\_:\_\_\_  a.m./  p.m. to \_\_\_:\_\_\_  a.m./  p.m.
- Thursday:       All Day - **OR** - From \_\_\_:\_\_\_  a.m./  p.m. to \_\_\_:\_\_\_  a.m./  p.m.
- Friday:       All Day - **OR** - From \_\_\_:\_\_\_  a.m./  p.m. to \_\_\_:\_\_\_  a.m./  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.*

- Alternating \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_ to \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_
- **OR** -
- 1st: From \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_ to \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_
- 2nd: From \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_ to \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_
- 3rd: From \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_ to \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_
- 4th: From \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_ to \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_
- 5th: From \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_ to \_\_\_:\_\_\_  a.m./  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.*

- Monday:       All Day - **OR** - From \_\_\_:\_\_\_  a.m./  p.m. to \_\_\_:\_\_\_  a.m./  p.m.
- Tuesday:       All Day - **OR** - From \_\_\_:\_\_\_  a.m./  p.m. to \_\_\_:\_\_\_  a.m./  p.m.
- Wednesday:       All Day - **OR** - From \_\_\_:\_\_\_  a.m./  p.m. to \_\_\_:\_\_\_  a.m./  p.m.
- Thursday:       All Day - **OR** - From \_\_\_:\_\_\_  a.m./  p.m. to \_\_\_:\_\_\_  a.m./  p.m.
- Friday:       All Day - **OR** - From \_\_\_:\_\_\_  a.m./  p.m. to \_\_\_:\_\_\_  a.m./  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.*

- Alternating \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_ to \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_
- OR**
- 1st: From \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_ to \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_
- 2nd: From \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_ to \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_
- 3rd: From \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_ to \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_
- 4th: From \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_ to \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_
- 5th: From \_\_\_:\_\_\_  a.m./  p.m. on \_\_\_\_\_ to \_\_\_:\_\_\_  a.m./  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.

If you are unable to provide the proposed parenting plan in the days and times provided in the prior pages, please provide a detailed explanation below:

Lined area for providing a detailed explanation.

**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: \_\_\_\_\_.

**BUREAU FOR CHILD SUPPORT ENFORCEMENT**  
**APPLICATION AND INCOME WITHHOLDING FORM**

**This Form MUST Be Completed In All Cases Involving Minor Children or Spousal Support!**

Withholding services will begin immediately when the Bureau for Child Support Enforcement receives this completed application, which MUST be accompanied by a copy of the current Support Order IF one is now in effect.

Check this box if a Support Order is NOW in effect.

**PETITIONER**

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Male /  Female Relationship to children involved in this case: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
 (List complete physical address: county, city, street #, apt. #, zip code)

Mailing Address: \_\_\_\_\_  
 (List mailing address ONLY if different from physical address)

Daytime Phone No: ( \_\_\_\_\_ ) - \_\_\_\_\_ Driver's License No: \_\_\_\_\_

**RESPONDENT**

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Male /  Female Relationship to children involved in this case: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
 (List complete physical address: county, city, street #, apt. #, zip code)

Mailing Address: \_\_\_\_\_  
 (List mailing address ONLY if different from physical address)

Daytime Phone No: ( \_\_\_\_\_ ) - \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Dependents: (List full name, sex, birth date, social security #, and custodian for each dependent)

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

**Income Withholding (List complete address of the employer or other source of income to which an Income Withholding Notice should be sent.)**

*Pursuant to the Privacy Act [5 U.S.C. 522a], the Bureau for Child Support Enforcement (BCSE) is required to inform you of the following: (a) that the request for your social security number is a mandatory requirement pursuant to the Social Security Act [42 U.S.C. 466(a)(13)]; and (b) the BCSE will use this information only in connection with the State's child support enforcement program for purposes of establishing paternity and establishing, modifying, and enforcing support obligations.*

**CONTINUED ON NEXT PAGE**

- Check this box if you or your children currently receive TANF benefits.
- Check this box if you currently receive, or have applied for DHHR's Child Support Services.

**IF YOU CHECKED any of the two items immediately above, skip to the end of the form, SIGN on the line provided, and you are done.**

**IF YOU DID NOT CHECK any of the two items immediately above, YOU MUST CONTINUE!**

- I understand that unless otherwise directed by the Court, any Court Ordered support MUST be collected by the BCSE through Income Withholding.

**YOU MUST CHOOSE ONE OF THE THREE FOLLOWING OPTIONS!**

**OPTION #1:**

- I am applying for FULL SERVICES from the BCSE. I understand that full services include, but are not limited to the following: \*Collection and distribution of support payments. \*Collection and Enforcement of support by income withholding. \*Establishment and enforcement of Support Orders. \*Establishment of paternity. \*Enforcement of Support Orders through Federal and State Tax offsets, unemployment compensation intercepts, and workers' compensation intercepts. \*Location of parent(s). \*Interstate services.

As an applicant for FULL SERVICES, I AGREE to comply with the following requirements: (1.) I understand I MUST assist the BCSE to establish and enforce paternity, child support, and medical support, and to collect child and spousal support. I understand this assistance may include providing information about the non-custodial parent and responding promptly and completely to requests from the BCSE. I understand I may be required to testify as a witness in court or in other proceedings. (2.) I understand that I am free to pursue legal actions through a private lawyer, but that I must inform the BCSE if I do this. (3.) I understand that I MUST repay all money received in error to which I am not entitled.

**OPTION #2:**

- I am applying for Income Withholding Services ONLY.

**OPTION #3:**

- I DID NOT CHECK Option #1 or Option #2. I do not want services from the BCSE at this time. I understand that even though I have not requested services at this time, I can request services at any time by applying at the BCSE office in the county in which I live.

**I CERTIFY that I have read and understand all statements on this application, and that all information I have provided is TRUE and ACCURATE to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- Check this box if YOU WOULD FEAR FOR YOUR SAFETY, or THE SAFETY OF YOUR CHILDREN if your address and telephone number are disclosed.