

**CIVIL CASE INFORMATION STATEMENT  
DOMESTIC RELATIONS CASES**

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

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**I. CASE STYLE:**

**IN RE  
THE MARRIAGE/CHILDREN OF:**

**PETITIONER**

**CASE No.** \_\_\_\_\_

\_\_\_\_\_

**Judge** \_\_\_\_\_

Street

\_\_\_\_\_  
**City**                      **State**                      **Zip**

**Phone Number :** (      ) \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**and**

**RESPONDENT**

**Days to  
Answer**

**Type of Service**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Street

\_\_\_\_\_  
**City**                      **State**                      **Zip**

**Phone Number :** (      ) \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Original and \_\_\_\_\_ copies of petition enclosed/attached.**

<b>PETITIONER:</b> <b>RESPONDENT:</b>	<b>CASE NUMBER:</b>
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- I.  PLEASE CHECK HERE IF EITHER PARTY SEEKS CHILD SUPPORT OR ALIMONY.
- II.  PLEASE CHECK IF A FAMILY VIOLENCE PROTECTIVE ORDER IS NOW IN EFFECT.
- III. TYPE OF CASE OR RELIEF: (Check all that apply)

<input type="checkbox"/> Divorce w/o children <input type="checkbox"/> Divorce w/ children	<input type="checkbox"/> Grandparent Visitation
<input type="checkbox"/> Annulment <input type="checkbox"/> Separate Maintenance	<input type="checkbox"/> Paternity
<input type="checkbox"/> Child Support only	<input type="checkbox"/> Other (specify): _____ _____ _____
<input type="checkbox"/> Child Custody w/o Divorce	

IV. DO YOU OR ANY OF YOUR CLIENTS OR WITNESSES IN THIS CASE REQUIRE SPECIAL ACCOMMODATIONS DUE TO A DISABILITY?  YES  NO

- IF YES, PLEASE 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: \_\_\_\_\_

V. LIST ALL MINOR CHILDREN AFFECTED BY THIS ACTION:

Name	Date of Birth	SSN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attorney Name: \_\_\_\_\_ Representing:  Petitioner  Respondent

Firm: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Dated: \_\_\_\_\_

Proceeding Without An Attorney \_\_\_\_\_  
Signature