

A child is currently expected, and the estimated date of delivery is _____

4. The children currently live with:

Mother Father

Another person, or persons, whose name(s) and address(es) are: _____

5. During the last five years, if any of the children have lived at addresses other than their current address, use the following space to list where they lived, and for how long. *If there is not enough room in the following space, use an additional sheet of paper.* I have attached ____ additional sheet(s).

<u>Child's Name</u>	<u>Address</u>	<u>Dates of Residence</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Who provides health insurance for the children?

Mother Father Medicaid WV CHIP

Another person, whose name and address are: _____
_____.

The children DO NOT have health insurance coverage.

The West Virginia Children's Health Insurance Program (WV CHIP) can help parents obtain free or low cost health care for their children. For more information, call 1-877-982-2447, or ask the Family Court Staff about WV CHIP.

7. Answer all of the following questions.

- Has the Respondent been a party or witness in any other proceeding, in any state, concerning the allocation of custodial responsibility for the children? Yes No
- Is the Respondent aware of any other proceeding, past or present, in any state, concerning allocation of custodial responsibility for the children? Yes No
- Is the Respondent aware of any person, other than the Petitioner and Respondent, who has

physical custody of, or claims any custodial right concerning the children?

Yes No

THEREFORE, the Respondent asks that the Court grant a divorce, and to grant such other relief as the Court considers proper, including the matters specifically stated below:

- Approve the Proposed Parenting Plan filed by the Respondent.
- Order the Petitioner to pay support for the minor children.
- Order the Petitioner to maintain health insurance coverage on the children, if reasonably available, and to assist with reasonable health care expenses not covered by insurance or by a government medical card.
- Order the Petitioner to pay spousal support.
- Make a fair and equitable division of marital property.
- Award _____ the exclusive use and possession of the marital home located at _____.
- Award _____ the exclusive use and possession of the following motor vehicles: _____.
- Award _____ the exclusive use and possession of the furniture, furnishings and appliances located in the marital home.
- Award the Respondent the exclusive use, possession and ownership of the following marital property:

Description of Property

Estimated Value

<u>Description of Property</u>	<u>Estimated Value</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- Order that the Respondent be held solely responsible for the following debts:

Description of Debt

Amount Owed

<u>Description of Debt</u>	<u>Amount Owed</u>
_____	_____
_____	_____

[] Order that the Petitioner be held solely responsible for the following debts:

Description of Debt

Amount Owed

[] Prohibit the Petitioner from conveying or otherwise disposing of any marital property prior to the time the Court divides the property.

[] Grant Respondent the right to resume using the previous name _____.

[] Prohibit the Petitioner from annoying, abusing, threatening, or interfering with the personal liberty and safety of the Respondent.

[] Grant this other relief:

Respondent's Signature

Date

You must sign the Verification on the next page before a Notary Public or Deputy Circuit Clerk.

VERIFICATION

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

Signature

Date

This Verification was sworn to or affirmed before me on the ____ day of _____,
2_____.

Notary Public / Other official

My commission expires:_____.

CERTIFICATE of SERVICE

State of West Virginia

County of _____

I, _____, state that I mailed my Answer to Divorce Petition by first class United States Mail, postage paid, to _____, at the address of _____, on the ____ day of _____,
2_____.

Signature

Date