

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

In Re:

The Marriage / Children of:

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

\_\_\_\_\_,  
Petitioner

and

\_\_\_\_\_.  
Respondent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime phone

\_\_\_\_\_  
Daytime phone

**PETITION FOR MODIFICATION**

**1. General Information**

a. The Petitioner is: \_\_\_\_\_, who is:

(Print your name.)

\_\_\_ the mother / wife whose name is listed in the case style at the top of this page.

\_\_\_ the father / husband whose name is listed in the case style at the top of this page.

\_\_\_ 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 regard to: \_\_\_ Decision making;

\_\_\_ Time spent with the children; \_\_\_ Other; (Explain) \_\_\_\_\_

\_\_\_\_\_.

\_\_\_ Order child support *paid to* another person, who

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

Order child support *paid by* another person, who

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

Increase spousal support

Decrease spousal support       End spousal support

Other modification request(s); (Explain.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

**3. Circumstances that justify the modification I am requesting.**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**4. Information concerning Public Assistance and Child Support Enforcement Services**

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

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Date

**You must sign the Verification on the next page before a Notary Public.**

**VERIFICATION**

I, \_\_\_\_\_, after making an oath or affirmation to tell the truth, say that the facts I have stated in this Petition are true 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, \_\_\_\_\_, the Petitioner for Modification, mailed my Petition  
by first class United States Mail, postage paid, to:

\_\_\_\_\_  
(Name and Address)

\_\_\_\_\_  
(Date mailed)

And:

\_\_\_\_\_  
(Name and Address)

\_\_\_\_\_  
(Date mailed)

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Date