

PETITION FOR APPEAL
from
FAMILY COURT
FINAL ORDER

STATE OF WEST VIRGINIA

County _____

Case Number _____

Family Court Judge _____

Final Order Date _____

In Re: Marriage/Children of: _____

Name of Petitioner _____

 Address: _____

 Daytime Phone: _____

Name of Respondent _____

 Address: _____

 Daytime Phone: _____

CHECK ONLY ONE

- I wish to appeal to the circuit court.
- I wish to appeal directly to the Supreme Court. I have filed a Notice and Waiver within **14 days** of a family court final order. If the other party does not agree to appeal directly to the Supreme Court, this petition will be treated as a petition to the circuit court.

NOTICE

If you wish to appeal directly to the Supreme Court, **both** parties must file a Notice and Waiver within **14 days** of the final order.

PETITION

1. If the petition for appeal is granted, would you like the opportunity to make an oral argument?
 YES NO

2. Have you, or another party, filed a previous appeal?
 YES NO
 If yes, give details: _____

3. State briefly each ground on which you claim that the family court erred in its final order. Summarize briefly the facts supporting each ground. Attach additional pages if necessary. If you wish to make further argument in support of the petition, you may file a memorandum of law.
 A. Ground one: _____

 Supporting FACTS (state *briefly* without citing cases or law) _____

B. Ground two: _____

Supporting FACTS (state *briefly* without citing cases or law) _____

C. Ground three: _____

Supporting FACTS (state *briefly* without citing cases or law) _____

D. Ground four: _____

Supporting FACTS (state *briefly* without citing cases or law) _____

VERIFICATION

I, _____, after making an oath or affirmation to tell the truth, say that the facts I have stated in this Petition for Appeal 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 _____, _____.

Notary Public

My commission expires: _____.

CERTIFICATE OF SERVICE

State of West Virginia

County of _____

I, _____, the person making this Petition for Appeal, mailed the Petition to the following persons by first class United States Mail.

Mailed to: _____

Address: _____

Date mailed: _____

Mailed to: _____

Address: _____

Date mailed: _____

(Print your name)

Signature

Date