

**CIVIL CASE INFORMATION STATEMENT
DOMESTIC VIOLENCE CASES**

IN THE MAGISTRATE/FAMILY COURT OF _____ COUNTY, WEST VIRGINIA
THE DOMESTIC VIOLENCE CIVIL PROCEEDING OF:

Petitioner: (First/Middle/Last) _____

By: (Parent/Guardian/Next Friend) _____

v. _____

Respondent: (First/Middle/Last) _____

Magistrate Court Case No.: _____

Family Court Civil Action No.: _____

Family Court Judge: _____

PETITIONER (Person in need of Protection)

Petitioner's Name (First/Middle/Last) _____

Petitioner's Street Address (Please do not list PO Box #) _____

Petitioner's City / State / Zip _____

Petitioner's Phone Number (Please include area code) _____

Hispanic or Latino Non-Hispanic or Non-Latino

SEX RACE DOB SOCIAL SECURITY #

		/	/	
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RACE: A=Asian or Pacific Islander; B=Black; I=American Indian or Alaskan Native; U=Unknown; W=White

*** Notice ***

If box below is checked, this page is sealed in the file and NOT TRANSMITTED with Petition and/or Order.

☐ Please keep my address and the addresses of other protected persons confidential because I fear for my/their safety.

Criminal charges filed against Respondent.
Firearm(s) involved.

Firearm(s) present on Respondent's property or in Respondent's possession.

If you are filing on behalf of the Petitioner, what is your relationship with the Petitioner? _____

Is the Petitioner over 18 years of age?

Yes No

What is the relationship between Respondent and Petitioner? _____

Proceeding without an attorney
or

I have an attorney (fill in below)

Is there an active Child Protective Services (CPS) investigation of the children?

Yes No

Attorney Name: _____

Firm: _____

Address: _____

Telephone: _____

Dated: / /

Do you or any of your clients or witnesses in this case require special accommodations due to disability?

Yes No

If Yes, Please Specify:

Wheelchair accessible hearing room and other facilities

Interpreter or other aid for the hearing impaired

Reader or other aid for the visually impaired

Spokesperson or other aid for the speech impaired

Other (specify): _____

Signature

**CIVIL CASE INFORMATION STATEMENT
DOMESTIC VIOLENCE CASES**

IN THE MAGISTRATE/FAMILY COURT OF _____ COUNTY, WEST VIRGINIA

THE DOMESTIC VIOLENCE CIVIL PROCEEDING OF: Magistrate Court Case No.: _____

Family Court Civil Action No.: _____

Family Court Judge: _____

By Parent/Guardian/Next Friend

v. _____

****This page is to be transmitted with the Petition
and/or Order.***

Criminal charges filed against Respondent.

Firearm(s) involved. Firearm(s) present on Respondent's property or in Respondent's possession.

RESPONDENT (Person you are filing Petition against)

RESPONDENT IDENTIFIERS

Hispanic or Latino Non-Hispanic or Non-Latino

SEX RACE DOB HT WT/lbs

Respondent's Name (First/Middle/Last)

Respondent's Street Address (Please do not list PO Box #)

Respondent's City / State / Zip

Respondent's Phone Number (Please include area code)

IN CASES INVOLVING DOMESTIC VIOLENCE,

Respondent's information must be listed here:

(Failure to list certain information may prevent your
Protective Order from being listed in the National
Domestic Violence Registry)

EYES HAIR SOCIAL SECURITY # AGE

DRIVERS LICENSE # STATE YEAR OF EXP.

DISTINGUISHING FEATURES

*RACE: A=Asian or Pacific Islander, B=Black; I=American
Indian or Alaskan Native; U=Unknown; W=White*

Address Directions:

Work Address: _____

Work Address Directions:

School Address: _____

School Address Directions:

Family Address: _____

Family Address Directions:

Other Address: _____

Other Address Directions:

IN THE MATTER OF:

Magistrate Court Case No.: _____

Family Court Civil Action No.: _____

Petitioner (First/Middle/Last)_____
By: (Parent/Guardian/ Next Friend)

v. _____

Respondent (First/Middle/Last)

Law-Enforcement Completed Service Verification on Page 8 <input type="checkbox"/> Yes <input type="checkbox"/> No
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**DOMESTIC VIOLENCE EMERGENCY PROTECTIVE ORDER PETITION:
PERSON WHO WITNESSES OR REPORTS**

I am a person who witnessed or reported domestic violence and as a result have been abused, threatened, harassed, or otherwise intimidated by the above-named Respondent, and I hereby request that the Court issue an Emergency Order of Protection, pursuant to W. Va. Code §§ 48-27-305(3), 403, 502, and 504.

1. I am living temporarily or permanently in _____ County, West Virginia.

2. **(Check and Complete if Applicable)** The following minor children and/or physically or mentally incapacitated family or household member(s) have also witnessed or reported acts of domestic violence by the Respondent and, as a result, have been threatened, harassed, or otherwise intimidated by the Respondent. I hereby request that the Court issue an Emergency Protective Order for the following persons (List names, ages, and address if address is different from Petitioner's):

DO NOT list person's address if you fear for their safety.

PERSON'S NAME	DATE OF BIRTH	ADDRESS (If different than Petitioner's)
	/ /	
	/ /	
	/ /	
	/ /	

Yes / No Are you aware of an active Child Protective Services' investigation (CPS) of the child(ren) of the parties you reported or witnessed committing domestic violence?

Yes / No Are you aware of criminal charges related to the domestic violence described in this Petition?

FACTS IN SUPPORT OF A PROTECTIVE ORDER BEING ISSUED

(check each item that applies & insert requested information):

3. I (and/or person(s) named in paragraph 2 above) witnessed Respondent committing acts of domestic violence against another on or about _____

4. I (and/or person(s) named in paragraph 2 above) reported acts of domestic violence committed by Respondent on: _____

5. Check all that Apply

The Respondent attempted to cause physical harm to the Petitioner or other person(s) named herein with or without dangerous or deadly weapons.

The Petitioner or other person(s) named herein are in fear of physical harm by Respondent.

The Respondent created fear of physical harm by harassment, stalking, psychological abuse, or threatening acts.

The Respondent sexually assaulted or sexually abused the Petitioner or other persons named herein.

The Respondent held, confined, detained, or abducted the Petitioner or other person(s) named herein against the will of the Petitioner or others named herein.

6. As a result of the above, the Respondent has abused, threatened, harassed or otherwise tried to intimidate me (and/or person(s) named in paragraph 2 above) on or about _____ / _____ / _____ at _____ (Date) _____, State of _____ (Location) _____ (State).

7. Specifically describe in detail the abuse, threats, harassment or other intimidating acts against you (and/or person(s) named in paragraph 2 above) which led you to file this PETITION:

Magistrate Court Case No.: _____

Family Court Civil Action No.: _____

If requesting a Protective Order for longer than 180 days, you are required to provide the following information below:

8. I am requesting a Protective Order for 1-year, pursuant to W.Va. Code § 48-27-505(b) due to the fact that:

The Respondent has materially violated a previously entered Protective Order.

The Respondent has had two or more Protective Orders entered against Respondent within previous five years.

The Respondent has one or more convictions for domestic battery or assault, or a felony crime of violence where the victim was a family or household member.

The Respondent has committed a violation of W.Va. Code § 61-2-9(a) (stalking and/or harassing) against a person protected by an existing Protective Order.

The totality of the circumstances require an Order of 1-year to protect the physical safety of the Petitioner or those persons for whom a Petition may be filed.

If requesting a Protective Order for longer than 1-year, you are required to provide the following information below:

9. I am requesting a Protective Order for longer than 1-year, pursuant to W.Va. Code § 48-27-505(c) due to the fact that:

The Respondent has materially violated an existing Protective Order.

The Respondent has materially violated a provision of a Protective Order in a Final Order of Divorce.

Yes

No

Respondents currently owns or possesses firearms?

If you answered "Yes" to the previous question, please provide additional firearm information below:

LIST OF FIREARMS

If there is not enough room in the space below, use an additional sheet of paper.

I have attached _____ additional sheet(s).

Type of Firearm (handgun/rifle)	Location of Firearm (bedroom/vehicle)

RELIEF REQUESTED: I request that the Magistrate Court issue an Emergency Protective Order, and that the Family Court issue a (*check one*) 90-day **OR** 180-day **OR** 1-year **OR** longer than 1-year Domestic Violence Protective Order after a full hearing is held on my Petition.

MANDATORY RELIEF: I understand that if I am granted an Emergency Protective Order, the Magistrate will issue the following mandatory relief:

- ❖ Direct Respondent to refrain from abusing, harassing, stalking, threatening, intimidating, or engaging in other conduct that places me and/or the other person(s) named in this PETITION in reasonable fear of bodily injury;
- ❖ Inform the Respondent that he/she is prohibited from possessing any firearm or ammunition, notwithstanding the fact that the Respondent may have a valid license to possess a firearm, and that possession of a firearm or ammunition while subject to the Court's Domestic Violence Protective Order may be a criminal offense under State and Federal Law; and
- ❖ Inform the Respondent that the Domestic Violence Protective Order is in effect in every County in this State.

DISCRETIONARY RELIEF: I understand that the Magistrate may grant the following relief if I ask for it.

(Check each item that applies)

1. Order Respondent to refrain from abusing, contacting, telephoning, communicating with, harassing, verbally abusing, or otherwise intimidating me and/or the other protected persons named in this Petition.
2. Order Respondent to refrain from entering any business, place of employment, or school of Petitioner or other protected persons named in this Petition for the purpose of violating any requirement of a Protective Order which the Court issues.
3. Order the Respondent to refrain from entering or being present in the immediate environs of the residence of the Petitioner or other protected persons named in the Petition.

DESCRIBE WHETHER NOTICE GIVEN TO RESPONDENT (*Check one*):

I attempted to notify Respondent of this PETITION as follows:

I did not attempt to notify Respondent of this PETITION because I fear for my safety and/or because

Magistrate Court Case No.: _____

Family Court Civil Action No.: _____

AFFIDAVIT

STATE OF WEST VIRGINIA

COUNTY OF _____, TO WIT:

I, _____, on oath or affirmation, say that I am the Petitioner named in this DOMESTIC VIOLENCE PETITION and that the facts contained herein are true, except that where they are stated to be based on information and belief, I believe them to be true.

Petitioner's Signature

Taken, subscribed, and sworn or affirmed before me this _____ day of _____, 2_____.

Notary Public/Magistrate/Assistant/Magistrate Clerk

My commission expires on _____.

NOTICE TO PETITIONER:

YOU HAVE THE ABSOLUTE RIGHT TO FILE PETITION AND TO RECEIVE AN ORDER GRANTING OR DENYING YOUR PETITION. THE PETITIONER IS STRONGLY RECOMMENDED TO REMAIN AT THE MAGISTRATE OFFICE TO RECEIVE THE ORDER GRANTING OR DENYING THE DOMESTIC VIOLENCE PETITION.

IF YOU CANNOT AFFORD THE COSTS OF THESE PROCEEDINGS, YOU MAY FILE A FEE WAIVER AFFIDAVIT.

IF YOUR PETITION IS DENIED, YOU HAVE THE RIGHT TO FILE AN APPEAL AT THE CIRCUIT CLERK'S OFFICE, USING THE APPEAL FORM MDVDNYE "APPEAL: DENIAL OF PETITION FOR EMERGENCY PROTECTIVE ORDER / TEPO" (PREVIOUSLY SCA-DV-FC-M1210). THIS MUST BE FILED WITHIN 5 DAYS OF THE DENIAL.

Magistrate Court Case No.: _____

Family Court Civil Action No.: _____

SERVICE BY LAW-ENFORCEMENT

Served on Respondent by _____ in _____ County, W.Va., on
_____/_____/_____, at _____.
(Date) (Time)

(Law-Enforcement Signature)

(Return of Service to Circuit Clerk within 5-days)

SERVICE BY CIRCUIT CLERK (by mail)

If Respondent not present at hearing and not served by law-enforcement:

Served on Respondent on ____/____/____ by certified mail, restricted delivery, return receipt requested to Respondent's
(Date)

last known address: _____
(Address)

Clerk

SERVICE BY PUBLICATION (if Service by mail unsuccessful)

This Order was publicized on the _____ day of _____, _____ in the
_____ newspaper circulated in the county of
_____ of the last known address of Respondent.

(Circuit Clerk's Signature)

For Court Use Only:

Law-enforcement agencies to which a copy of this Order was transmitted (*place an asterisk next to the agency responsible for completing service, if known*):