

**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?

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

Yes      No

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): \_\_\_\_\_

Proceeding without an attorney

or

I have an attorney (fill in below)

Attorney Name: \_\_\_\_\_

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

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

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

Dated:      /      /

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**

**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)

Address Directions:

Work Address:

Work Address Directions:

School Address:

School Address Directions:

Family Address:

Family Address Directions:

Other Address:

Other Address Directions:

Hispanic or Latino Non-Hispanic or Non-Latino  
SEX RACE DOB HT WT/lbs

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*

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

IN THE MATTER OF:

Magistrate Court Case No.: \_\_\_\_\_

Family Court Civil Action No.: \_\_\_\_\_

\_\_\_\_\_  
Petitioner (First/Middle/Last)

(Same as Divorce, Separate Maintenance, Annulment Case #)

\_\_\_\_\_  
By: (Parent/Guardian/Next Friend)

v.

\_\_\_\_\_  
Respondent (First/Middle/Last)

<b>Law-Enforcement</b> Completed Service Verification on Page 9 <input type="checkbox"/> Yes <input type="checkbox"/> No
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**DOMESTIC VIOLENCE  
PETITION FOR TEMPORARY EMERGENCY PROTECTIVE (TEPO) ORDER**

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I hereby Petition this Court to issue a Temporary Emergency Protective Order to protect me and/or my minor children from domestic violence or abuse by the Respondent pursuant to W. Va. Code §§ 48-27-402.

The following facts are set forth in support of this Petition:

1. The Respondent and I are Parties to a case involving the parenting time of our children in which a Temporary Order was entered by the Family Court of \_\_\_\_\_ County on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ Civil Action # \_\_\_\_\_.
2. THE ACTS OF VIOLENCE OR ABUSE WHICH I OUTLINE IN THIS PETITION OCCURRED **AFTER** THE **TEMPORARY ORDER** WAS ENTERED IN THE ACTION FOR DIVORCE, SEPARATE MAINTENANCE OR ANNULMENT.
3. I am currently living temporarily or permanently in \_\_\_\_\_ County, State of \_\_\_\_\_.
4. The Respondent is currently living temporarily or permanently in \_\_\_\_\_ County, State of \_\_\_\_\_.

**FACTS ABOUT THE DOMESTIC VIOLENCE OR ABUSE**  
(Check each item that applies and insert information as requested.)

5. I have been abused or threatened with abuse by Respondent.

6. A Temporary Order of Protection is sought for the following children who have been abused or threatened with abuse by the Respondent.

**DO NOT list children's address(es) if you fear for their safety.**

CHILD'S NAME	DATE OF BIRTH	ADDRESS (If different than Petitioner's)	RELATIONSHIP TO PETITIONER	RELATIONSHIP TO RESPONDENT
	/ /			
	/ /			
	/ /			
	/ /			

**PLEASE LIST ADDITIONAL CHILDREN ON A SEPARATE PAGE**

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

CHILD'S NAME	FORMER ADDRESS	DATE OF RESIDENCE
		/ /
		/ /
		/ /
		/ /

**ANSWER THE FOLLOWING QUESTIONS:**

Yes

No

Are you the biological parent of the child(ren) listed above?

If no, please explain: \_\_\_\_\_

Yes

No

Have you been a party, or a witness, or are you aware of any proceeding, in any State, concerning the custody of the child(ren) listed above?

If yes, please provide information about the other proceeding. (dates, parties, Court Order, if any) \_\_\_\_\_

Yes

No

Are you aware of any person(s) other than you or the Respondent in this case, who has custody or claims custodial rights to the child(ren) listed above?

If yes, please describe: \_\_\_\_\_

Magistrate Court Case No.: \_\_\_\_\_

Family Court Civil Action No.: \_\_\_\_\_

Yes No

Is there currently a separate Domestic Violence Protective Order in effect? If yes, in what County and State? \_\_\_\_\_

Yes No

Are you aware of an active Child Protective Services' investigation (CPS) of the child(ren) listed in this Petition?

If yes, please describe: \_\_\_\_\_

Yes No

Are you aware of criminal charges related to the domestic violence described in this Petition?

If yes, please describe: \_\_\_\_\_

7. The abuse or threats of abuse occurred on or about (*date or dates*):

at \_\_\_\_\_, State of \_\_\_\_\_.  
(City/County)

8. Check all that Apply:

The Respondent attempted to cause or intentionally, knowingly or recklessly caused 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 person(s) named herein.

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

Describe in detail the abuse or threats of abuse that led you to file this PETITION. (*Check this box if extra sheets are attached.*)

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:

9. 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:

10. 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)

Magistrate Court Case No.: \_\_\_\_\_

Family Court Civil Action No.: \_\_\_\_\_

**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.**

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**REQUESTED RELIEF:** I request that the Magistrate Court issue a Temporary Emergency Protective Order, and request 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.

**PERMISSIVE RELIEF:** I request that the Court Order contain the following discretionary relief:

***(Check All That You Are Requesting)***

1.      Order Respondent to refrain from abusing me and/or the child(ren) named in this Petition.
2.      Order Respondent not to enter any school, business, or place of employment, where I or a family or household member may be, for the purpose of violating the Temporary Emergency Protective Order.
3.      Order Respondent to refrain from contacting, telephoning, communicating with, harassing, or verbally abusing the Petitioner.

I also request the following, because the facts show that minor child(ren) are being abused by the Respondent:

4.      Grant me temporary custody of the following minor child(ren): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***(Check If Requested)*** If such arrangements are ordered, I request that a law-enforcement officer accompany me when I go to get the child(ren).

5.      Make the following changes in visitation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***(Check If Requested)*** I give my consent for any law-enforcement officer to enter my separate residence or household that respondent and I shared or jointly owned at the time the acts of domestic violence occurred for the purposes of enforcing a Protective Order.

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

Magistrate Court Case No.: \_\_\_\_\_

Family Court Civil Action No.: \_\_\_\_\_

**DESCRIBE WHETHER NOTICE GIVEN TO RESPONDENT (*Check and Complete 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:

**VERIFICATION**

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 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" (PREVIOUSLY SCA-DV-FC-M1210). THIS MUST BE FILED WITHIN 5 DAYS OF THE DATE YOUR PETITION WAS DENIED.*



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)*

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### **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)

\_\_\_\_\_  
Circuit 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)

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### ***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*):