

**CIVIL CASE INFORMATION STATEMENT
PERSONAL SAFETY ACT CASES
IN THE MAGISTRATE COURT OF _____ COUNTY, WEST VIRGINIA**

W. Va. Code § 53-8-1; et seq.

THE PERSONAL SAFETY PROCEEDING OF

Magistrate Court Case No.: _____

Petitioner (*First/Middle/Last/Suffix*)

By Parent/Guardian/Custodian (if applicable)
vs.

Respondent (*First/Middle/Last/Suffix*)

<p>PETITIONER</p> <p>_____ Petitioner's Name (<i>First/Middle/Last</i>)</p> <p>_____ Petitioner's Street Address (<i>Please do not list P. O. Box</i>)</p> <p>_____ Petitioner's City/State/Zip</p> <p>_____ Petitioner's Phone Number (<i>Please include area code</i>)</p> <p>Hispanic or Latino Non-Hispanic or Non-Latino</p> <p>SEX RACE DOB</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">/ /</td> </tr> </table>			/ /	<p style="text-align: center;">*NOTICE*</p> <p><i>If box below is checked, this page is sealed in the file and NOT TRANSMITTED with Petition and/or Order.</i></p> <p>Please keep my address and the addresses of other protected persons confidential because I fear for my/their safety.</p> <p><input type="checkbox"/> Criminal charges filed against Respondent</p> <p><input type="checkbox"/> Firearm(s) involved</p> <p><input type="checkbox"/> Firearm(s) present on Respondent's Property or in Respondent's possession</p>
		/ /		
<p><i>Race: A=Asian or Pacific Islander; B=Black; I=American Indian or Alaskan Native; U=Unknown; W=White</i></p>				

Do you or any of your 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 Name: _____

Address: _____

Telephone: _____

Dated: ____ / ____ / ____

Signature

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By Parent/Guardian/Custodian (if applicable)
vs.

Respondent (First/Middle/Last/Suffix)

**This page is to be transmitted along with the Petition and Temporary Order to the law enforcement agency making service on the Respondent.*

Criminal charges filed against Respondent

Firearm(s) involved Firearms(s) present on respondent's property or in respondent's possession

RESPONDENT (Person you are filing Petition against) _____ Respondent's Name (Fist/Middle/ Last/Suffix) _____ Respondent's Street Address (Please do not list P.O. Box) _____ Respondent's City / State / Zip _____ Respondent's Phone number (Please include area code)	RESPONDENT IDENTIFIERS Hispanic or Latino Non-Hispanic or Non-Latino <table border="1"> <tr> <th>SEX</th> <th>RACE</th> <th>DOB</th> <th>HT</th> <th>WT/lbs.</th> </tr> <tr> <td> </td> <td> </td> <td> / / </td> <td> </td> <td> </td> </tr> </table> <table border="1"> <tr> <th>EYES</th> <th>HAIR</th> <th>SOCIAL SECURITY NO.</th> <th>AGE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <table border="1"> <tr> <th>DRIVER'S LICENSE #</th> <th>STATE</th> <th>EXPIRATION DATE</th> </tr> <tr> <td> </td> <td> </td> <td> / / </td> </tr> </table> <p style="text-align: right;">Distinguishing Features:</p> <p>_____</p> <p>_____</p> <p>_____</p>	SEX	RACE	DOB	HT	WT/lbs.			/ /			EYES	HAIR	SOCIAL SECURITY NO.	AGE					DRIVER'S LICENSE #	STATE	EXPIRATION DATE			/ /
	SEX	RACE	DOB	HT	WT/lbs.																				
			/ /																						
	EYES	HAIR	SOCIAL SECURITY NO.	AGE																					
	DRIVER'S LICENSE #	STATE	EXPIRATION DATE																						
		/ /																							
List information below to aid law enforcement in locating the respondent for service.	<i>Race: A=Asian or Pacific Islander; B=Black; I=American Indian or Alaskan Native; U=Unknown; W=White</i>																								

Home Address Directions: _____

Work Address and Directions: _____

School Address and Directions: _____

Family Address and Directions: _____

Other Address and Directions: _____