

**CIVIL CASE INFORMATION STATEMENT
FINANCIAL EXPLOITATION**

IN THE MAGISTRATE COURT OF _____ COUNTY, WEST VIRGINIA

W. Va. Code § 55-7J-1

In re the matter of:

Magistrate Court Case No.: _____

Magistrate: _____

Petitioner (*First/Middle/Last*)

By Parent/Guardian/Next Friend (*if applicable*)

v.

Respondent (*First/Middle/Last*)

PETITIONER (Person in Need of Protection) _____ Petitioner's Name (First/Middle/Last) _____ Petitioner's Street Address (<i>Please do not list P.O. Box</i>) _____ Petitioner's City / State / Zip _____ Petitioner's Phone Number (<i>Please include area code</i>) <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Hispanic or Latino</div><div>Non-Hispanic or Non-Latino</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>SEX</div><div>RACE</div><div>DOB</div><div>SOCIAL SECURITY #</div></div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"><tr><td style="width: 15%; height: 20px;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr></table>							*NOTICE* <i>If box below is checked, this page is sealed in the file and NOT TRANSMITTED with Petition and/or Order.</i> Please keep my address and the addresses of other protected persons confidential because I fear for my/their safety. <div style="border: 1px solid black; padding: 10px; margin-top: 10px;">I am represented by counsel Counsel Name: _____</div>

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

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

Is there an active Adult Protective Services (APS) investigation? Yes No

Do you or any witnesses require special accommodations due to disability? Yes No

If yes, please specify _____

Applicability:

Is Petitioner over 18 years of age? Yes No

Is Petitioner over 65 years of age? Yes No

Is Petitioner an incapacitated adult as defined by W.Va. Code § 61-2-29(a)(4)? Yes No

Is Petitioner a protected person as defined by W.Va. Code § 44A-1-4(13)? Yes No

Signature

IN THE MAGISTRATE COURT OF _____ COUNTY, WEST VIRGINIA

Magistrate: _____

Adult Probation Services' investigation pending

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

RESPONDENT <hr/> Respondent's Name (First/Middle/Last) <hr/> Respondent's Street Address <i>(Please do not list P.O. Box)</i> <hr/> Respondent's City / State / Zip <hr/> Respondent's Phone Number <i>(Please include area code)</i> <hr/> <p>List information below to aid law enforcement in locating the respondent for service.</p>	RESPONDENT IDENTIFIERS <div style="display: flex; justify-content: space-around;"> Hispanic or Latino Non-Hispanic or Non-Latino </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 15%;">SEX</td> <td style="width: 20%;">RACE</td> <td style="width: 20%;">DOB</td> <td style="width: 15%;">HT</td> <td style="width: 30%;">WT/lbs</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">/ /</td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 15%;">EYES</td> <td style="width: 15%;">HAIR</td> <td style="width: 35%;">SOCIAL SECURITY NO.</td> <td style="width: 35%;">AGE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 35%;">DRIVER'S LICENSE #</td> <td style="width: 15%;">STATE</td> <td style="width: 50%;">EXPIRATION DATE</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">/ /</td> </tr> </table> <p style="margin-top: 10px;"><i>Distinguishing Features:</i></p> <p style="margin-top: 20px;"><i>Race: A=Asian or Pacific Islander; B=Black; I=American Indian or Alaskan Native; U=Unknown; W=White</i></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																							
		/ /																							

Home Address Directions:

Work Address and Directions:

School Address and Directions:

Family Address and Directions:

Other Address and Directions: