

Child Abuse and Neglect Attorney Information Form

(Please PRINT clearly or type)

Name _____ State Bar Number _____

Address _____

City _____ Zip Code: _____

Phone _____ Fax _____

Email _____

1. Are you? ☐ a Child Abuse/Neglect GAL or ☐ a Respondent Attorney (Check one or both)

2. Are you accepting new cases? ☐ Yes ☐ No

3. Please circle the county or counties below in which you would like to serve.

Barbour	Hancock	Mineral	Ritchie
Berkeley	Hardy	Mingo	Roane
Boone	Harrison	Monongalia	Summers
Braxton	Jackson	Monroe	Taylor
Brooke	Jefferson	Morgan	Tucker
Cabell	Kanawha	Nicholas	Tyler
Calhoun	Lewis	Ohio	Upshur
Clay	Lincoln	Pendleton	Wayne
Doddridge	Logan	Pleasants	Webster
Fayette	Marion	Pocahontas	Wetzel
Gilmer	Marshall	Preston	Wirt
Grant	Mason	Putnam	Wood
Greenbrier	McDowell	Raleigh	Wyoming
Hampshire	Mercer	Randolph	

Signed _____ Date _____

Please return completed form to:

Stacie Mullins, Division of Children & Families
4700 MacCorkle Ave. SE 9th Floor
Charleston, WV 25304
by email: Stacie.Mullins@courtsww.gov
by fax: (304) 558-0775

If you would like to be removed from the WV Child Abuse and Neglect Attorney List, please sign, date, and return to Stacie Mullins as instructed above.

Signed _____ Date _____