

**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*)

<b>PETITIONER</b> (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> )  Hispanic or Latino      Non-Hispanic or Non-Latino SEX   RACE      DOB      SOCIAL SECURITY # <table border="1" style="width: 100%; border-collapse: collapse;"><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><td style="width: 15%;"></td></tr></table>								<b>*NOTICE*</b>  <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.  I am represented by counsel Counsel Name: _____ _____ _____ _____ _____
<i>Race: A=Asian or Pacific Islander; B=Black; I=American Indian or Alaskan Native; U=Unknown; W=White</i>								

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

**CIVIL CASE INFORMATION  
STATEMENT FINANCIAL  
EXPLOITATION**

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

**In re the matter of:**

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

Magistrate: \_\_\_\_\_

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

\_\_\_\_\_  
By Parent/Guardian/Custodian (*if applicable*)

v.

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

***\* 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

Adult Probation Services' investigation pending

<b>RESPONDENT</b>	<b>RESPONDENT IDENTIFIERS</b>										
Respondent's Name (First/Middle/Last)	Hispanic or Latino      Non-Hispanic or Non-Latino										
Respondent's Street Address ( <i>Please do not list P.O. Box</i> )	<table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">SEX</td><td style="width: 15%;">RACE</td><td style="width: 20%;">DOB</td><td style="width: 15%;">HT</td><td style="width: 10%;">WT/lbs</td></tr><tr><td></td><td></td><td style="text-align: center;">/   /</td><td></td><td></td></tr></table>	SEX	RACE	DOB	HT	WT/lbs			/   /		
SEX	RACE	DOB	HT	WT/lbs							
		/   /									
Respondent's City / State / Zip	<table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">EYES</td><td style="width: 15%;">HAIR</td><td style="width: 40%;">SOCIAL SECURITY NO.</td><td style="width: 15%;">AGE</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	EYES	HAIR	SOCIAL SECURITY NO.	AGE						
EYES	HAIR	SOCIAL SECURITY NO.	AGE								
Respondent's Phone Number( <i>Please include area code</i> )	<table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">DRIVER'S LICENSE #</td><td style="width: 10%;">STATE</td><td style="width: 60%;">EXPIRATION DATE</td></tr><tr><td></td><td></td><td style="text-align: center;">/   /</td></tr></table>	DRIVER'S LICENSE #	STATE	EXPIRATION DATE			/   /				
DRIVER'S LICENSE #	STATE	EXPIRATION DATE									
		/   /									
<b>List information below to aid law enforcement in locating the respondent for service.</b>	<b><i>Distinguishing Features:</i></b>       <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: