

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

IN RE:

Civil Action No.: \_\_\_\_\_

The Marriage/Children Of:

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

and

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

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**MOTION FOR TEMPORARY RELIEF**

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This Motion is being made by \_\_\_\_\_.

Yes    No    Have you previously requested temporary relief in this case?

Yes    No    Has the other party previously requested temporary relief in this case?

I, \_\_\_\_\_, request the Court to Order the following Temporary relief.

Check the "Yes" or "No" box in front of the you want.

- |     |     |    |   |
|-----|-----|----|---|
| 1.  | Yes | No | Determine custodial responsibility and time to be spent with children.                                    |
| 2.  | Yes | No | Adopt my Individual Proposed Parenting Plan.<br>(Check "Yes" only if you have attached a Parenting Plan.) |
| 3.  | Yes | No | Order a reasonable amount of child support.   |
| 4.  | Yes | No | Order a reasonable amount of spousal support ( <i>alimony</i> ).  |
| 5.  | Yes | No | Order that health insurance be maintained or established.   |
| 6.  | Yes | No | Order the use and/or possession of the residence and personal property located within the residence.      |
| 7.  | Yes | No | Order the use and/or possession of the automobile(s).   |
| 8.  | Yes | No | Determine the responsibility for debts and attorney's fees.   |
| 9.  | Yes | No | Appoint a <i>guardian ad litem</i> for a party or a child of the parties.                                 |
| 10. | Yes | No | Issue a Protective Order.   |
| 11. | Yes | No | Other relief requested:   |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## VERIFICATION

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I, \_\_\_\_\_, after making an oath or affirmation to tell the truth, say that the facts I have stated in this Motion are true to the best of my personal knowledge and belief; and if I have provided information given to me by others, I believe that information to be true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This Verification was sworn to or affirmed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public/Other Official

My commission expires: \_\_\_\_\_

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## CERTIFICATE OF SERVICE

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State of West Virginia

County of \_\_\_\_\_

I, \_\_\_\_\_, the person making this Motion for Temporary Relief,  
(Print your name here)

Mailed the Motion, together with any attached documents, by first class United States Mail, postage paid to

\_\_\_\_\_, at the address of  
(Opposing party)

\_\_\_\_\_  
(Opposing party's address)

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date