

**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*)

<p>PETITIONER (Person in Need of Protection)</p> <hr/> <p>Petitioner's Name (First/Middle/Last)</p> <hr/> <p>Petitioner's Street Address (<i>Please do not list P.O. Box</i>)</p> <hr/> <p>Petitioner's City / State / Zip</p> <hr/> <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 SOCIAL SECURITY #</p> <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%; text-align: center;">/ /</td> <td style="width:55%;"></td> </tr> </table>			/ /		<p 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> <hr/> <p>I am represented by counsel Counsel Name: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
		/ /			
<p><i>Race: A=Asian or Pacific Islander; B=Black; I=American Indian or Alaskan Native; U=Unknown; W=White</i></p>					

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

RESPONDENT	RESPONDENT IDENTIFIERS										
Respondent's Name (First/Middle/Last)	<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;">Hispanic or Latino</td> <td style="width: 65%;">Non-Hispanic or Non-Latino</td> </tr> </table>	Hispanic or Latino	Non-Hispanic or Non-Latino								
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: none;"> <tr> <td style="width: 15%;">SEX</td> <td style="width: 15%;">RACE</td> <td style="width: 15%;">DOB</td> <td style="width: 15%;">HT</td> <td style="width: 15%;">WT/lbs</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></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: none;"> <tr> <td style="width: 15%;">EYES</td> <td style="width: 15%;">HAIR</td> <td style="width: 30%;">SOCIAL SECURITY NO.</td> <td style="width: 15%;">AGE</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></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: none;"> <tr> <td style="width: 30%;">DRIVER'S LICENSE #</td> <td style="width: 15%;">STATE</td> <td style="width: 15%;">EXPIRATION DATE</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	DRIVER'S LICENSE #	STATE	EXPIRATION DATE							
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List information below to aid law enforcement in locating the respondent for service.	<p><i>Distinguishing Features:</i></p> <p>_____</p> <p>_____</p> <p>_____</p>										
	<p><i>Race: A=Asian or Pacific Islander; B=Black; I=American Indian or Alaskan Native; U=Unknown; W=White</i></p>										

Home Address Directions:

Work Address and Directions:

School Address and Directions:

Family Address and Directions:

Other Address and Directions:
