

Case No. _____

Plaintiff (Full Name)

v.

Defendant (Full Name)

**MOTION AND AFFIDAVIT:
DISQUALIFICATION OF MAGISTRATE**

Mag. Ct. Admin. Rule 1B

STATE OF WEST VIRGINIA

COUNTY OF _____, TO WIT

This day _____ appeared before me, on oath or affirmation says:

1. I am (*check one*) plaintiff prosecutor defendant counsel for a party in the above-styled case
2. Magistrate _____ has been assigned to hear this case
3. I hereby move that the above-named magistrate be disqualified from hearing this case and that the case be transferred to another magistrate.
4. The specific facts and reasons supporting disqualification of the above-named magistrate are:

5. This case (*check one*) does does not involve an expedited proceeding (i.e., one requiring that a final hearing be held within 10 days of filing).
6. This motion is made in good faith

Affiant Signature (person filing the motion)

Taken, subscribed and sworn or affirmed before me this _____ day of _____, 20 _____

My commission expires on _____

Notary Signature

Certificate of Service

I, _____ hereby certify that I have served a copy of the above motion and affidavit on the attorneys for all parties or, if such parties are not represented by attorneys, to the parties themselves on the _____ day of _____, 20____, by hand _____ by first-class mail to:

Name and address of attorneys or parties served:

Signature

Date

NOTICE TO PARTY RECEIVING MOTION: Contact the magistrate court to see whether the requested action has been granted or denied and whether a change has been made in the schedule hearing date.

**MAGISTRATE RESPONSE:
MOTION FOR DISQUALIFICATION**

As the magistrate assigned to the above-styled case, the undersigned hereby submits the following statement as to why there is or is not good cause for disqualification from presiding in this case:

Signature

Date