

**CIVIL CASE INFORMATION STATEMENT
DOMESTIC VIOLENCE CASES**

IN THE MAGISTRATE/FAMILY COURT OF _____ COUNTY, WEST VIRGINIA

CASE STYLE: _____

Magistrate Court Case No.: _____

**IN RE
THE DOMESTIC VIOLENCE CIVIL PROCEEDING OF:**

Family Court Civil Action No.: _____

Family Court Judge _____

PETITIONER (person filling out this form)			

First	Middle	Last	

Street Address (Please do not list P.O. Box No.)			

City	State	Zip	

Phone Number: () _____			
Sex	Race	DOB	Social Security #

"	Please keep my address and the addresses of other protected persons confidential because I fear for my/their safety.
"	I do not want my order in the National Domestic Violence Registry. (Checking this box may hinder enforcement of a protective order)
"	Weapon(s) present on Respondent's property
"	Weapons involved

and

RESPONDENT (person you are filing petition against)				

First	Middle	Last		

Street Address (Please do not list P.O. Box No.)				

City	State	Zip		

Phone Number: () _____				
IN CASES INVOLVING DOMESTIC VIOLENCE, Respondent's information must be listed here: (Failure to list certain information may prevent your protective order from being listed on the national "Domestic Violence Registry")				
RESPONDENT IDENTIFIERS				
SEX	RACE	DOB	HT	WT
EYES	HAIR	SOCIAL SECURITY #		
DRIVERS LICENSE #	STATE	YR. OF EXP.		
DISTINGUISHING FEATURES _____				

What is your relationship to the respondent? _____

Do you or any of your clients or witnesses in this case require special accommodations due to disability? **"** Yes
" No

If Yes, Please Specify:
" Wheelchair accessible hearing room and other facilities
" Interpreter or other aid for the hearing impaired
" Reader or other aid for the visually impaired
" Spokesperson or other aid for the speech impaired
" Other

" Proceeding Without an Attorney
or
" I have an attorney (fill in below)

Attorney Name: _____

Firm: _____

Address: _____

Telephone: _____

Representing: **"** Petitioner **"** Respondent

Dated: _____

Signature

Magistrate Court Case No.: _____

Family Court Civil Action No.: _____

For Court Use Only:

FILE TRANSFER RECEIPT

This case file includes the items below that are checked.

- “ Case History
- “ **Civil** Case Information Statement
- “ Domestic Violence Petition
- “ Order of Protection/Domestic Violence Emergency Protective Order
- “ Domestic Violence Petition: Person Who Witnesses or Reports
- “ Order of Protection/Domestic Violence Emergency Protective Order: Person Who Witnesses or Reports
- “ Domestic Violence Petition for Temporary Emergency Protective Order
- “ Order of Protection/Domestic Violence Temporary Emergency Protective Order
- “ Respondent Answer
- “ Other: _____

I hereby certify that on the _____ day of _____, I received the above case file from magistrate court and the items indicated were present.

_____ of _____ County, West Virginia
CIRCUIT CLERK