

**CIVIL CASE INFORMATION STATEMENT
DOMESTIC VIOLENCE CASES**

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

CASE STYLE:

IN RE

THE DOMESTIC VIOLENCE CIVIL PROCEEDING OF:

Magistrate Court Case No.: _____

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 #

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

and

RESPONDENT (person you are filing petition against)				
First	Middle	Last		
Street (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