

PRO SE CUSTODY CLINIC APPLICATION

# Appalachian Legal Services

CHARLESTON OFFICE  
922 Quarrier Street, Fourth Floor  
Charleston, WV 25301  
(304) 343-4481 FAX (304) 345-5934  
Toll-Free 1-800-834-0598

**Please Check Boxes that Apply to You:**

**Source of Income:**  
1a)  Employment  
1b)  Soc. Sec./SSI  
1c)  Welfare  
1d)  Other

1. Total Household Monthly Income **before** taxes \$ \_\_\_\_\_

Assets: (real or personal property that you own) \$ \_\_\_\_\_

2. A) Number of adults in house where you are residing \_\_\_\_\_

B) Number of children in same household \_\_\_\_\_

3. Today's date \_\_\_\_\_

4. Your full Name \_\_\_\_\_  
First Middle Initial Last

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_

5. Your complete address: Street & No. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Phone number (if none, a neighbor's name and phone) \_\_\_\_\_

7. Your biological relationship with child[ren] \_\_\_\_\_

8. Child[ren]'s mother's name & address \_\_\_\_\_

9. Child[ren]' father's name & address \_\_\_\_\_

10. What are the child[ren]'s names and date of birth: \_\_\_\_\_

11. Have you or the opposing party signed any custody agreement? \_\_\_\_\_

Explain \_\_\_\_\_

12. Will the opposing party fight you on custody in court? \_\_\_\_\_

Why \_\_\_\_\_

13. Is the father's name on the child[ren]'s birth certificate? \_\_\_\_\_  
 (a) If not, has paternity been established in a court? \_\_\_\_\_  
 Which court? \_\_\_\_\_
14. If you have resided with the opposing party, give the date you last lived with them.
15. Have any custody/paternity proceedings been filed before concerning this child[ren]?  
 \_\_\_ Yes \_\_\_ No If yes, where? \_\_\_\_\_
16. Has the opposing party: **(check all that apply)**
- |                                    |   |
|------------------------------------|---|
| ___ hit you.                       | ___ threatened to kill the children.                            |
| ___ pushed you.                    | ___ stalked you.  |
| ___ given you bruises.             | ___ refused to return your children or concealed them from you. |
| ___ dragged you.                   | ___ violated DVPO (protective order).                           |
| ___ pulled your hair.              | ___ hit a child in your home, leaving bruises.                  |
| ___ hit you while pregnant.        | ___ threatened to do any of the above.                          |
| ___ held a gun to you.             | Explain _____   |
| ___ held a knife to you.           | _____   |
| ___ forced you to have sex.        | _____   |
| ___ threatened to kill you.        | _____   |
| ___ threatened to kill themselves. | _____   |
17. When was the last time any of the above occurred? \_\_\_\_\_
18. Do you have a Protective Order? \_\_\_\_\_ What is the date of the Order \_\_\_\_\_
19. Who was awarded custody in the Protective Order? \_\_\_\_\_
20. Has Child Protective Services (CPS) ever been involved in your case?  
 Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_
21. Is the opposing party in jail?\_\_\_ the military?\_\_\_ mental institution? \_\_\_  
 If above is checked, explain where spouse is: \_\_\_\_\_
22. Has the child[ren] lived in West Virginia for the past six months? \_\_\_\_\_
23. How did you find out about our Pro Se Divorce Clinic? (Friend, Poster, YWCA, Clerk, Family Law Master, Library, Other?) \_\_\_\_\_

**THE FOLLOWING PAGE MUST BE FILLED OUT COMPLETELY  
 OR THIS APPLICATION WILL BE RETURNED.**

(Rev.03/01)

(Appalachian Legal Services provides free civil legal services to low-income eligible clients who meet our priority criteria.)

# Pro Se Custody Clinic Application

## Please read carefully!

Appalachian Legal Services frequently gets called by both sides for help with a divorce, custody, abuse or other family legal problems. We cannot represent both sides nor can we take every case. In order for us to know if your case comes within our case acceptance guidelines, we must ask you for some information. It is possible that we may decide to represent the other side of your case, at a later date.

Please DO NOT GIVE US ANY INFORMATION NOW THAT YOU WOULD NOT WANT US TO KNOW IF WE DECIDED TO REPRESENT THE OTHER SIDE. If we do accept you as a client, all information will be kept confidential.

SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

### IMPORTANT!

Please fill out this application in its entirety. If any items are not answered, it will be returned to you and therefore cause a delay in our attorney reviewing this application.

## ATTENTION:

LIST THE ADDRESSES OF THE CHILDREN INVOLVED IN THIS CASE FOR THE PAST 5 YEARS. IF CHILD IS LESS THAN 5, LIST ADDRESSES FROM DATE OF BIRTH. THIS FORM MUST BE COMPLETED IN FULL BEFORE YOUR CASE CAN BE REVIEWED.

The children have lived at this address	With these persons:	During this time:
_____ ____ Street  ____ City                      State                      Zip	Names of all persons in home: _____ _____ _____ _____	Dates lived there: From: Month/Year _____ To: Month/Year _____ —
_____ ____ Street  ____ City                      State                      Zip	Names of all persons in home: _____ _____ _____ _____	Dates lived there: From: Month/Year _____ To: Month/Year _____ —
_____ ____ Street  ____ City                      State                      Zip	Names of all persons in home: _____ _____ _____ _____	Dates lived there: From: Month/Year _____ To: Month/Year _____ —
_____ ____ Street  ____ City                      State                      Zip	Names of all persons in home: _____ _____ _____ _____	Dates lived there: From: Month/Year _____ To: Month/Year _____ —

The children have lived at this address

With these persons:

During this time:

\_\_\_\_\_  
\_\_\_\_ Street

\_\_\_\_ City                      State                      Zip

Names of all persons in home:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates lived there:

From:  
Month/Year \_\_\_\_\_

To:  
Month/Year \_\_\_\_\_

\_\_\_\_\_

If additional space is needed, please write on the back.