\ <u>-</u>	COURT OF	COUNTY, WEST
VIRGINIA		
	,	
	Plaintiff,	
V.		CIVIL ACTION NO
_		
	Defendant.	
TO:		
10.		
opposing party, or if	mailing address of the the opposing party wyer's name and mailir	
		RMIT TESTIMONY OF E OF FOURTEEN YEARS
Pursuant to	o Rule 16 of the W	est Virginia Rules of Practice
and Procedure for Far named above	mily Law, the p	plaintiff/ defendant (check one)
hereby moves that the	e minor child	, who was
born on	(insert child	's name)
	he permitted to te	estify in this proceeding, and
that the (insert child's date of birth)	be permitted to te	stry in this proceeding, and
Family Law Master es	stablish such proc	edures as may be necessary

child with regard to his or her testimony. Please take notice that this

motion will

action on	ore the Family Law Master in this		
, 199, a	atm., or as soon thereafter as		
this			
(insert date of hearing)	(insert time of hearing)		
matter may be heard, at the Fa	amily Law Master's hearing room,		
located			
(state where the hearing will be held; Courthouse)	; for example, fourth floor of the Harrison County		
in the City ofplace	, West Virginia, at which time and		
(insert name of cit	ty)		
you may be present to protect	your interests.		
	(sign your name)		
	(insert your mailing address)		
Se	Plaintiff/ Defendant, Pro		

(check one)

IN THE VIRGINIA	COURT OF		_ COUNTY, WEST
VIII CII VIII V			
	Plaintiff,		
V.		CIVIL A	CTION NO
_			
	, Defendant.		
	CERTIFICATE OF	SEDVICE	
I certify that o	(insert date you mail o		erved the foregoing
NOTICE AND MOTI	ON TO PERMIT TES	STIMONY O	F MINOR CHILD
UNDER THE AGE O	F FOURTEEN YEAR	S by sendin	g a true copy
thereof, by first-clas	ss mail, postage pre	epaid, addre	ssed as follows:
			<u> </u>
			_
			_
(insert n	ame and address of opp	posing party of	lawyer)
	(8	sign your name	again)
 Se		Plaintiff/	_ Defendant, Pro
		(check on	۵)