

9. What do you want to change in your final order?

<input type="checkbox"/> Custody	<input type="checkbox"/> Alimony
<input type="checkbox"/> Visitation	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Child Support _____	

10. If you are trying to change custody, visitation, or child support, please list the children's names and dates of birth and also list the addresses where the children have lived since the last court order.

<u>Children</u>	<u>DOB</u>	<u>Children</u>	<u>DOB</u>
_____	_____	_____	_____
_____	_____	_____	_____

List the addresses of where the children involved in this case have lived since the last court order. This information 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 _____ -

IF YOU ARE TRYING TO CHANGE CUSTODY, PLEASE ANSWERS QUESTIONS 11, 12, AND 13.

11. Have you and the other party agreed that custody should be changed?
_____ Yes _____ No

12. How is custody going to be changed? _____

13. Where do the children want to live? _____

14. Have you already been served with papers by the other party?
_____ Yes _____ No

When did you receive them? _____

15. Has a court ever refused to let you have visitation with your children?
_____ Yes _____ No

When? _____

16. Has a court ever told you that your visitation must be supervised?
_____ Yes _____ No

When? _____

17. Has Child Protective Services (CPS) ever called you or come to your home about the children? _____ Yes _____ No When? _____

18. 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 kill you. |
| _____ held a gun to you. | _____ threatened to kill themselves |
| _____ held a knife to you. | _____ threatened to do any of the above |
| _____ forced you to have sex. | _____ Explain _____ |

19. When was the last time any of the above occurred? _____

20. Do you have a Protective Order? _____ Yes _____ No

What is the date of the Order _____

21. Who was awarded custody in the Protective Order? _____

22. Is the opposing party in jail? _____ the military? _____ mental institution? _____
If above is checked, explain where opposing party is: _____

23. Have the child[ren] lived in West Virginia
for the past six months? _____ Yes _____ No
24. How did you find out about Appalachian Legal Services (Friend, Poster, YWCA,
Clerk, Family Law Master, Library, Other?) _____

(Rev.03/2001) (Appalachian Legal Services provides free civil legal services to low-income eligible clients who meet
our priority criteria.)

Application to Receive Modification of Final Order Forms

Please read carefully!

Appalachian Legal Services frequently gets called by both sides for help with a divorce, custody, modification of a court order, 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.