



14. Is the father's name on the child[ren]'s birth certificate? \_\_\_\_\_  
\_\_\_\_\_

(a) If not, has paternity been established in a court? \_\_\_\_\_  
Which court? \_\_\_\_\_

15. Have any custody/paternity proceedings been filed before concerning these children? \_\_\_\_\_ Where? \_\_\_\_\_

16. Has the opposing party: **(check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> hit you.                       | <input type="checkbox"/> threatened to kill the children.                            |
| <input type="checkbox"/> pushed you.                    | <input type="checkbox"/> stalked you.  |
| <input type="checkbox"/> given you bruises.             | <input type="checkbox"/> refused to return your children or concealed them from you. |
| <input type="checkbox"/> dragged you.                   | <input type="checkbox"/> violated DVPO (protective order).                           |
| <input type="checkbox"/> pulled your hair.              | <input type="checkbox"/> hit a child in your home, leaving bruises.                  |
| <input type="checkbox"/> hit you while pregnant.        | <input type="checkbox"/> threatened to do any of the above.                          |
| <input type="checkbox"/> held a gun to you.             | Explain _____  |
| <input type="checkbox"/> held a knife to you.           | _____  |
| <input type="checkbox"/> forced you to have sex.        | _____  |
| <input type="checkbox"/> threatened to kill you.        | _____  |
| <input type="checkbox"/> 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 with your case?

Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

21. Is the other party 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 Visitation Clinic Application

## Please read carefully!

Appalachian Legal Services frequently gets called by both sides for help with a divorce, custody, visitation, abuse or other family legal problem. 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.