

CIVIL CASE INFORMATION STATEMENT
(Civil Cases Other than Domestic Relations)

I. CASE STYLE:

Case No. _____

Plaintiff(s)

Judge: _____

Plaintiff's Phone: _____

vs.

Defendant(s)

Days to Answer

Type of Service

Name

Defendant's Phone: _____

Street Address

City, State, Zip Code

II. TYPE OF CASE:

- General Civil, Mass Litigation, Asbestos, FELA Asbestos, Other, Habeas Corpus/Other Extraordinary Writ, Other: Name Change, Adoption, Administrative Agency Appeal, Civil Appeal from Magistrate Court, Miscellaneous Civil Petition, Mental Hygiene, Guardianship, Medical Malpractice

III. JURY DEMAND: Yes No CASE WILL BE READY FOR TRIAL BY (Month/Year): /

IV. DO YOU OR ANY OF YOUR CLIENTS OR WITNESSES IN THIS CASE REQUIRE SPECIAL ACCOMMODATIONS?

IF YES, PLEASE SPECIFY:

Yes No

- Wheelchair accessible hearing room and other facilities, Reader or other auxiliary aid for the visually impaired, Interpreter or other auxiliary aid for the deaf and hard of hearing, Spokesperson or other auxiliary aid for the speech impaired, Foreign language interpreter-specify language, Other

Attorney Name: Firm: Address: Telephone:

Representing: Plaintiff Defendant Cross-Defendant Cross-Complainant 3rd-Party Plaintiff 3rd-Party Defendant

Proceeding Without an Attorney

Original and copies of complaint enclosed/attached.

Dated: / /

Signature: _____

Plaintiff: _____

Case Number: _____

vs.

Defendant: _____

**CIVIL CASE INFORMATION STATEMENT
DEFENDANT(S) CONTINUATION PAGE**

Defendant's Name

Defendant's Phone: _____

Street Address

Days to Answer: _____

City, State, Zip Code

Type of Service: _____

Defendant's Name

Defendant's Phone: _____

Street Address

Days to Answer: _____

City, State, Zip Code

Type of Service: _____

Defendant's Name

Defendant's Phone: _____

Street Address

Days to Answer: _____

City, State, Zip Code

Type of Service: _____

Defendant's Name

Defendant's Phone: _____

Street Address

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Defendant's Phone: _____

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Type of Service: _____

Defendant's Name

Defendant's Phone: _____

Street Address

Days to Answer: _____

City, State, Zip Code

Type of Service: _____

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA
CHANGE OF NAME FROM

_____ to _____

Civil Action No. _____

PETITION

Comes now the Petitioner, _____, and petitions this Court to change
the Petitioner's name from _____ to

In support of this Petition, the Petitioner states as follows:

1. Petitioner has been a bona fide resident of _____ County, West Virginia, for at least one year prior to the filing of this Petition;
2. Petitioner is currently over the age of eighteen (18) years of age.
3. Petitioner is asking the Court for a name change for the following reason(s):
(list the reasons you want the name change):

4. Petitioner would seek the Petitioner's name to be changed to:
_____.

5. The name change sought is not for purposes of avoiding debt or creditors.
6. Petitioner is not a registered sex offender pursuant to any state or federal law.

This fill in the blank form was created by Legal Aid of West Virginia (LAWV) for persons representing themselves to complete and file on their own. LAWV assumes no responsibility for content added by persons using this form.

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7. The name change sought is not for purposes of avoiding any state or federal law regarding identity.
8. The name change sought is not for any improper or illegal purpose.
9. The Petitioner is not a convicted felon in any jurisdiction
10. The name change sought is not for any purpose of evading detection, identification or arrest by any local, state, or federal law-enforcement agency.
11. Does Petitioner desire to protect his or her identity for personal safety reasons?
 Yes No (check the box that is most appropriate)

WHEREFORE, your Petitioner prays that the Court grant Petitioner's name change petition and declare the Petitioner be known as _____
and for such other and further relief as this Court may deem just and proper.

Petitioner,
Pro Se

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STATE OF WEST VIRGINIA
COUNTY OF _____, TO WIT:

_____, the Petitioner named in the attached Petition, being first duly sworn, says that the facts and allegations contained in said Petition are true, except so far as they are stated to be on information, and belief, s/he believes them to be true.

Petitioner,

Taken, subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires _____.

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