

IN THE FAMILY COURT OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

IN RE:

The Marriage / Children Of:

Civil Action No. \_\_\_\_\_

\_\_\_\_\_, and \_\_\_\_\_  
Petitioner (First/Middle/Last) Respondent (First/Middle/Last)

**ANSWER TO DIVORCE PETITION**

YES  NO Are you currently a party to a domestic violence proceeding?

In answer to the Petition for Divorce, the Respondent says the following:

1. The Respondent admits irreconcilable differences exist between the Petitioner and the Respondent.

2. The Respondent admits all of the allegations in the Petition except the matters contained in the items numbered: \_\_\_\_\_.

3. The Petitioner and Respondent are the parents of:

No children were born during this marriage; and no children are expected.

The children whose names and dates of birth are:

Name	Date of Birth	Name	Date of Birth
	/ /		/ /
	/ /		/ /
	/ /		/ /
	/ /		/ /

*In the rest of this Answer, "the children" always means the children whose names you just listed.*

A child is currently expected, and the estimated date of delivery is \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

4. The children currently live with:  Petitioner  Respondent.

Another person, or persons, whose name(s) and address(es) are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

5. During the last five years, if any of the children have lived at addresses other than their current address, use the following space to list where they lived, and for how long. *If there is not enough room in the following space, use an additional sheet of paper.*

I have attached \_\_\_\_\_ additional sheet(s).

Child's Name	Address	Dates of Residence

6. Who provides health insurance for the children?

Petitioner     Respondent     Medicaid     WV CHIP

Another person, whose name and address is:

\_\_\_\_\_

\_\_\_\_\_

The children DO NOT have health insurance coverage.

**The West Virginia Children's Health Insurance Program (WV CHIP) can help parents obtain free or low cost health care for their children. For more information, call 1-877-982-2447, or ask the Family Court staff about WV CHIP.**

7. Answer all of the following questions.

YES     NO    a. Has the Respondent been a party or witness in any other proceeding, in any state, concerning the allocation of custodial responsibility for the children?

YES     NO    b. Is the Respondent aware of any other proceeding, past or present, in any state, concerning allocation of custodial responsibility for the children?

YES     NO    c. Is the Respondent aware of any person, other than the Petitioner and Respondent, who has physical custody of, or claims any custodial right concerning the children?

THEREFORE, the Respondent asks that the Court grant a divorce, and to grant such other relief as the Court considers proper, including the matters specifically stated below:

- Approve the Proposed Parenting Plan filed by the Respondent.
- Order the Petitioner to pay support for the minor children.
- Order the Petitioner to maintain health insurance coverage on the children, if reasonably available, and to assist with reasonable health care expenses not covered by insurance or by a government medical card.
- Order the Petitioner to pay spousal support.
- Make a fair and equitable division of marital property.
- Award the  Petitioner /  Respondent the exclusive use and possession of the marital home located at \_\_\_\_\_.
- Award the  Petitioner/  Respondent the exclusive use and possession of the following motor vehicles: \_\_\_\_\_.
- Award the  Petitioner/  Respondent the exclusive use and possession of the furniture, furnishings and appliances located in the marital home.
- Award the Respondent the exclusive use, possession and ownership of the following marital property

Description of Property	Estimated Value
	\$
	\$
	\$
	\$
	\$

- Order that the Respondent be held solely responsible for the following debts:

Description of Debt	Amount Owed
	\$
	\$
	\$
	\$
	\$

Order that the Petitioner be held solely responsible for the following debts:

Description of Debt	Amount Owed
	\$
	\$
	\$
	\$
	\$

Prohibit the Petitioner from conveying or otherwise disposing of any marital property prior to the time the Court divides the property.

Grant Respondent the right to resume using the previous name \_\_\_\_\_.

Prohibit the Petitioner from annoying, abusing, threatening, or interfering with the personal liberty and safety of the Respondent.

Grant this other relief:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Respondent's Signature

\_\_\_\_\_  
Date

**You must sign the following Verification before a Notary Public or Deputy Circuit Clerk.**

---

**VERIFICATION**

---

I, \_\_\_\_\_, after making an oath or affirmation to tell the truth, say that the facts I have stated in this Answer To Divorce Petition are true to the best of my personal knowledge and belief; and if I have provided information given to me by others, I believe that information to be true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This Verification was sworn to or affirmed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public / Other Official

My commission expires: \_\_\_\_\_.

---

**CERTIFICATE OF SERVICE**

---

State of West Virginia

County of \_\_\_\_\_

I, \_\_\_\_\_, state that I mailed my Answer to Divorce Petition by first class United States Mail, postage paid, to \_\_\_\_\_, at the address of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date