WEST VIRGINIA CODE: §48-15-205

PART 2. ACTION AGAINST LICENSE.

§48-15-205. Form of notice of action against a license.

The notice shall be substantially in the following form:

Name and Address:	Date: Social Security No: Family Court of County, West Virginia	Case No:

Section 1.

• The Bureau for Child Support Enforcement has determined that you have failed to comply with an order to pay child support and that the amount you owe equals six months child support or more. The amount you owe is calculated to be $_____ as of the _____ day of _____, _____.

• The Bureau for Child Support Enforcement has determined that you have failed to comply with a medical support order for a period of six months. The amount you owe is calculated to be $_____ as of the _____ day of _____, _____.

• The Bureau for Child Support Enforcement has determined that you have failed to comply with a medical support order requiring you to obtain health insurance for your child or children.

• The Bureau for Child Support Enforcement has determined that you have failed to comply with a subpoena or warrant relating to a paternity or child support proceeding.

WV Legislature

Section 2.
Under West Virginia law, your failure to comply as described in Section 1 may result in an action against certain licenses issued to you by the State of West Virginia. Action may be taken against a driver's, a recreational license such as a hunting and fishing license and a professional or occupational license necessary for you to work. An application for a license may be denied. A renewal of a license may be refused. A license which you currently hold may be suspended or restricted in its use.
The Bureau for Child Support Enforcement has determined that you are a current license holder, have applied for or are likely to apply for the following license or licenses:

To avoid an action against your licenses, check which of the following actions you will take:
• I want to pay in full the overdue amount I owe as child support. I am enclosing a check or money order in the amount of $
• I want pay in full the amount I owe as medical support. I am enclosing a check or money order in the amount of $
• I am requesting a meeting with a representative of the Bureau for Child Support Enforcement to arrange a payment plan that will allow me to make my current payments as they become due and to pay on the arrearage I owe or to otherwise bring me into compliance with the current support orders.
• I am requesting a hearing before the family court judge to contest an action against my licenses. Please serve me with any petition filed, and provide me with notice of the time and place of the hearing.

Signed **X**_____Date:_____

Section 3.
You must check the appropriate box or boxes in Section 2, sign your name and mail this form to the Bureau for Child Support Enforcement before the _____ day of _____, _____. Otherwise, the Bureau for Child Support Enforcement may begin an action against your licenses in the Family Court without further notice to you. Mail this form to the following address:

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