

APPENDIX 23.0B FAMILY LAW AFFIDAVIT

Plaintiff
VERSUS

Defendant
FILED: _____

JUDICIAL DISTRICT COURT
DOCKET NO. _____

PARISH, LOUISIANA
DEPUTY CLERK

FAMILY LAW AFFIDAVIT

YOUR INFORMATION – NOTE: The following information is to be provided unless there is an Order of Protection in effect ordering your address be confidential, or if you have executed an affidavit or pleading under oath alleging you or your child’s health, safety, or liberty would be jeopardized by disclosing identifying information. If either of the above applies, please attach the Order of Protection or affidavit. See La. R.S. 13:1821.

Full Name:
Street Address: Telephone:
City, State, Zip: Fax:

Mailing Address (If Different)

YOUR ATTORNEY’S INFORMATION (IF YOU ARE REPRESENTED)

Full Name:
Mailing Address: Telephone:
City, State, Zip: Fax:

Instructions: This form contains several sections, I-VIII. You shall by order of the court, fully complete ALL sections that apply to your case. Check the boxes below to indicate all sections you have completed and attached. Remove all pages that do not apply to your case before submission. Fill in the page number blanks at the bottom of the pages you are submitting.

- I. Child Custody and Visitation Matters
 - A. Custody/Visitation by a Parent
 - B. Custody or Visitation by a Non-Parent
 - C. Relocation of a Child’s Residence more than 75 miles or out-of-state.
- II. Child Support and/or Spousal Support
 - A. Child Support
 - B. Spousal Support
- III. Use of Family Home/Community Movables
- IV. Injunctions
- V. Contempt of Court – Child or Spousal Support Matters
- VI. Contempt of Court – All Matters except Support
- VII. Motion To Compel Discovery
- VIII. Income and Expense Sheet (Required for every case involving child support, spousal support, or contempt involving support matters or monetary payments)

I. CHILD CUSTODY AND VISITATION MATTERS

This section is to be completed in all cases involving child custody and visitation unless there is an Order of Protection in effect ordering your address be confidential, or if you have executed an affidavit or pleading under oath alleging you or your child's health, safety, or liberty would be jeopardized by disclosing identifying information. If either of the above applies, please attach the Order of Protection or affidavit. See La. R.S. 13:1821.

CHILDREN IN <u>THIS</u> CASE	GENDER	CURRENT AGE	DATE OF BIRTH

Where and with whom do the children live currently?

1. List all parishes/counties and states where the children have lived in the past five (5) years

PARISH/COUNTY	STATE OR COUNTRY	WHEN CHILDREN LIVED THERE (DATES)

2. List all persons other than you with whom the children have lived in the past five (5) years

NAME	ADDRESS	RELATIONSHIP

3. Have the children ever been involved in any of these cases? Yes No
 If the answer is yes, please check below:
- Divorce/Separation
 Paternity
 Juvenile Court
 Paternal Rights Termination
 Custody/Visitation
 Protective Order
 Child Protection
 Adoption
 Child Support
 Restraining Order
 Abuse/Neglect
 Other _____

4. If you checked yes to #3 above, answer the following:

A. Name of Children:

B. Type of case (custody, visitation, paternity, OCS, protective order, etc.)

C. Court, Parish/County and State: _____ Docket #: _____

Is the case still open/ongoing? Yes No

If it is a foreign judgment (from another state), has it been registered in accordance with La. R.S. 13:1801, et seq.? Yes No

If you know of any person NOT a party to this case who has physical custody or claims to have custody/visitation rights to a child listed above, please provide the following:

Name: _____

Address: _____

Telephone Number: _____

A. CUSTODY / VISITATION BY A PARENT

1. INFORMATION ON PARENTS

What is your relationship to the children?
Who is the children's other parent?
Were you married to the other parent at the time of the children's birth? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to the last question is no, and you are the father, have you signed an Act of Acknowledgement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you listed on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Judgment of Paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No Please give details:
Is paternity contested? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER CASES BETWEEN THE SAME PARTIES (including Support Enforcement and Protective Orders)	Docket Number	JDC/Parish/City Court

NAMES OF YOUR OTHER CHILDREN NOT AT ISSUE IN THIS CASE	GENDER	CURRENT AGE	DATE OF BIRTH

What type of custody do you have with these children?
Who is the primary domiciliary parent?
What is your custody/visitation schedule with these children?
Do you have any restrictions or conditions on your custody or visitation? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list and attach copy of the judgment.

2. INITIAL PHYSICAL CUSTODY / VISITATION DETERMINATION

This section is to be completed only if this is an initial determination of custody or visitation.

Is there a temporary custody or visitation court order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide details of any temporary order regarding custody and visitation, with restrictions and conditions, if any.
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AREAS OF DISPUTE BEFORE THE COURT. Please check those that apply.	
<input type="checkbox"/> Type of custody (joint custody vs. sole custody)	<input type="checkbox"/> Amount of time the children are with each parent (physical custody/visitation schedule)
<input type="checkbox"/> Who should be named as "domiciliary parent"?	<input type="checkbox"/> Conditions of physical custody or visitation (restrictions, supervision)

With whom do the children presently live? How long? Why are they living with this parent?

Who has been the children's primary caretaker? (provide details if necessary)

What type of physical custody/visitation arrangement for the other parent is in the children's best interest in your opinion?

Is shared (about equal) physical custody possible? Yes No
Why or why not?

If you seek sole custody, briefly state the reasons (please note that joint custody is presumed to be in the best interest of the children and the party seeking sole custody has the burden of overcoming the presumption in favor of joint custody):

If you have asked, in pleadings already filed with the court, that the other parent's physical custody/visitation privileges should be supervised or should have special conditions or restrictions, please explain the factual basis for the request.

Do you claim that the other parent has physically or sexually abused you or the children? Yes No
If so, has a judge or the Department of Children and Family Services found abuse before? Yes No
If so, give details.

Has a mental health, custody or substance abuse evaluation been requested in pleadings filed with the court? Yes No
If so, list facts which support the request.

Are you willing to participate in mediation? Yes No
(If physical abuse is an issue, parties are not required to mediate.)

What is your usual and customary work schedule, holiday and vacation schedule?

What is the usual and customary work schedule, holiday and vacation schedule of the other parent?

3. MODIFICATION OF PHYSICAL CUSTODY/VISITATION

This section is to be completed only if there has been a previous final judgment of physical custody or visitation.

What was the date of the last custody/visitation judgment?	Was this judgment a result of a judge trial or by the consent of the parties (consent judgment)?
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Give details of the previous judgment on custody and visitation, with restrictions listed, if any.

If the judgment was a considered decree (after a judge trial), what have you claimed in your pleadings are the material facts affecting custody that have changed since the last judgment?

Is a temporary order in effect? Yes No
 If the answer is yes, please give details.

Areas of dispute before the court. Please check those that apply.

<input type="checkbox"/> Type of custody (joint custody vs. sole custody)	<input type="checkbox"/> Amount of time the children are with each parent (physical custody/visitation schedule)
<input type="checkbox"/> Who should be named as “domiciliary parent”	<input type="checkbox"/> Conditions of physical custody or visitation (restrictions, supervision)

What type of physical custody/visitation for the *other* parent is now in the children’s best interest in your opinion?

Is shared (about equal) physical custody a feasible arrangement? Yes No
 Why or why not?

If you seek sole custody, briefly state the reasons (please note that **joint** custody is presumed to be in the best interest of the children and the party seeking **sole** custody has the burden of overcoming the presumption in favor of joint custody):

If you have asked, ***in pleadings already filed with the court***, that the other parent's physical custody/visitation privileges should be supervised or should have special conditions or restrictions, please explain the factual basis for the request.

Do you claim that the other parent has physically or sexually abused you or the children? Yes No

If the answer is yes, has a judge or the Department of Children and Family Services found abuse before? Yes No

If so, give details and attach judgment.

Has a mental health, custody or substance abuse evaluation been requested in pleadings filed with the court? Yes No

If the answer is yes, list facts which support the request.

Are you willing to participate in mediation? Yes No
(If physical abuse is an issue parties are not required to mediate.)

What is your usual and customary work schedule, holiday and vacation schedule?

What is the usual and customary work schedule, holiday and vacation schedule of the other parent?

B. CUSTODY OR VISITATION BY A NON-PARENT

1. INFORMATION ON NON-PARENT

WHAT IS YOUR RELATIONSHIP TO THE CHILDREN?		Please check below:
<input type="checkbox"/> Maternal Grandparent	<input type="checkbox"/> Other Relative _____ (Please specify)	
<input type="checkbox"/> Paternal Grandparent	<input type="checkbox"/> Other _____	

OTHER CASES INVOLVING THE CHILDREN (including Support Enforcement and Protective Orders)	Docket Number	JDC/Parish/City Court

HAVE THE CHILDREN BEEN ADOPTED? <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom?

2. INFORMATION ON PARENTS

Who are the parents of the children?		
Were the parents married at the time of the children's birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the answer to the last question is no, did the father execute an Act of Acknowledgement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is father listed on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a Judgment of Paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please give details:		
Is paternity in dispute? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are the parent(s) of the children no longer living? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, indicate which parent.	MOTHER	FATHER
Are the parent(s) of the children in jail? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, indicate which parent.	MOTHER	FATHER

3. VISITATION

Please answer this section if you are seeking visitation only.

DESCRIBE THE LENGTH AND QUALITY OF YOUR RELATIONSHIP WITH THE CHILDREN.
Are the children in need of guidance, enlightenment or tutelage which can best be provided by you (La. C.C. Art. 136)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, state why.
Have the children expressed a preference on your request for visitation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to encourage a close relationship between the children and their parents? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in good physical and mental health? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Are the children in good physical and mental health? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do the children have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Describe why you think it is in the children's best interest for you to have visitation:</p>
<p>What visitation schedule do you propose?</p>
<p>Are you in contact with the children's custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe your relationship.</p>

4. CUSTODY
Please answer this section if you seek custody

<p>What type of custody do you seek (Sole or Joint Custody)?</p>
<p>Would substantial harm occur to the children if custody is not granted to you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer is yes, please provide details.</p>
<p>Why would a transfer of custody to you be in the children's best interest?</p>
<p>Have the children been living with you in a wholesome and stable environment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer is yes, for how long?</p>
<p>If the children do not currently live with you, can you provide an adequate and stable home for the children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>What is your usual and customary work schedule?</p>

C. RELOCATION OF A CHILD’S RESIDENCE MORE THAN 75 MILES OR OUT OF STATE

1. INFORMATION ON PARENTS

What is your relationship to the children?
 Who is the children’s other parent?

Were you married to the other parent at the time of the children’s birth? Yes No

If the answer to the previous question is no, and you are the father, have you signed an Act of Acknowledgement? Yes No

Are you listed on the birth certificate? Yes No

Is there a Judgment of Paternity? Yes No

Please give details:

Is paternity contested? Yes No

OTHER CASES BETWEEN THE SAME PARTIES (including Support Enforcement and Protective Orders)	Docket Number	JDC/Parish/City Court

NAMES OF YOUR OTHER CHILDREN IN THIS CASE THAT YOU ARE SEEKING TO RELOCATE	GENDER	CURRENT AGE	DATE OF BIRTH

NAMES OF YOUR OTHER CHILDREN NOT AT ISSUE IN THIS CASE	GENDER	CURRENT AGE	DATE OF BIRTH

What type of custody do you have with these children?

Who is the primary domiciliary parent?

What is your physical custody/visitation schedule with these children?

Do you have any restrictions or conditions on your physical custody or visitation? Yes No

If so, please list and attach copy of the judgment.

2. COURT ORDERS IN EFFECT

<p>Is there a previous court order or judgment awarding legal custody (sole or joint)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer is yes, answer these questions:</p>
<p>Give details of the previous judgment on physical custody/visitation, including the date of the last judgment, the name of primary domiciliary parent, if any, and any restrictions on physical custody or visitation.</p>
<p>Does the previous judgment/order have any provision about relocation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer is yes, please give details.</p>
<p>Is there a protective order or domestic abuse order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer is yes, please give details and attach order.</p>

3. PARENT SEEKING TO RELOCATE CHILDREN

The following questions are to be filled out only if you are the party seeking to relocate.

<p>Where do you currently live? (City, Parish, and State)</p> <p>For how long?</p>
<p>What is your marital status?</p> <p>Who resides (besides the children at issue) in the home with you?</p>
<p>Do you seek to relocate with the children outside of the State of Louisiana? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer is yes, where and when?</p> <p>Give details of your reasons for relocation.</p>

Is there a court order awarding custody? Yes No

If the answer is yes, do you seek to relocate more than 75 miles from the domicile of the primary custodian at the time the custody decree was rendered? Yes No

If the answer is no, do you seek to relocate with the children more than 75 miles from the other parent? Yes No

Have you already relocated with the children? Yes No

If the answer is yes, give details of the temporary order allowing relocation or written consent of the other parent.

Have you requested a hearing on temporary relocation? Yes No

What notice of proposed relocation was given to the other parent?

Give the date and details. Attach a copy of the notice.

Why is relocation in the children's best interest?

4. PARENT OPPOSING RELOCATION OF CHILDREN

The following questions are to be filled out only if you oppose relocation of the children

Where do you currently live? (City, Parish, and State)

For how long?

What is your current marital status?

Who (besides the children at issue) resides in the household with you?

Are you employed? Yes No

If the answer is yes, give details of your position and work schedule.

Did you receive notice of the proposed relocation of your children? Yes No

If the answer is yes, give the date and details.

Why do you oppose the relocation?

Do you currently pay child support pursuant to a court order? Yes No

If the answer is yes, give the date and details.

Are you current in child support payments? Yes No

Have you ever been in arrears in payment? Yes No

Give details, including contempt proceedings and judgments.

What is your level of involvement at the current time with your children?

Do you exercise physical custody/visitation as court-ordered? Yes No

If the answer is no, give details.

Do you currently have any protective orders or domestic abuse orders in effect against you? Yes No

II. CHILD SUPPORT AND/OR SPOUSAL SUPPORT

YOUR CURRENT EMPLOYMENT			
Your Current Employer:			
Address, City, State, Zip:			Telephone Number:
Position:	Length of Employment:	Gross Salary/Wages per month: \$	
		Net Salary/Wages per month: \$	
Other (bonuses, commissions, interest, dividends, rental, royalties, crop income, oil & gas revenue, stock options or shares, second jobs, etc.):			
Your usual and customary work schedule:			
1. Are any of the following supplied to you by your employer?	YES	NO	VALUE (if actual value unknown, provide estimate)
Housing	<input type="checkbox"/>	<input type="checkbox"/>	\$
Automobile	<input type="checkbox"/>	<input type="checkbox"/>	\$
Fuel, Mileage, or Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	\$
Meal Allowance	<input type="checkbox"/>	<input type="checkbox"/>	\$
Travel Allowance	<input type="checkbox"/>	<input type="checkbox"/>	\$
Health and/or Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other (Health club, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	\$

SELF EMPLOYED
Is your employment managed, controlled, or owned by you, a relative, or family member? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give details:
Have you provided the documents required for self-employed persons on the HOC Order? <input type="checkbox"/> Yes <input type="checkbox"/> No

UNEMPLOYED
Are you un employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, indicate the last date on which you were employed:
What is the reason for the termination of your employment (quit, fired, laid-off, business closed, disabled, etc.)?
If you are receiving unemployment, amount per week: \$
Anticipated Duration:
If you are receiving social security, worker's compensation, maintenance and cure, longshoremen and harbor workers, or any type disability benefits, amount per month: \$
Type (SSI, SSD, worker's comp, etc.):
Anticipated Duration:
If you claim you are disabled, but are not receiving disability benefits (SSD, Workmen's comp, Maintenance and Cure, etc.), you must bring certified copies of your medical records with you to the hearing.

YOUR PRIOR EMPLOYMENT		
Your Prior Employer:		
Address, City, State, Zip:		Telephone Number:
Position:	Length of Employment:	Wages: \$
Other (bonuses, commissions, interest, dividends, rental, royalties, crop income, oil & gas revenue, stock options or shares, second jobs, etc.):		
Was the employment managed, controlled, or owned by you, a relative, or family member? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details:		

OTHER INCOME OR ASSETS
If you have any income or asset which is not shown anywhere else in this form (such as bonuses, commissions, interest, dividends, rental, royalties, crop income, oil & gas revenue, trust income, recurring monetary gifts or donations, second jobs, etc.), please list and explain fully:

YOUR OWNERSHIP OR INTEREST IN A HOME OR REAL ESTATE		
Do you own a home and/or are you paying for a home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address, City, State:	
Estimated Market Value:\$	Remaining Mortgage Balance: \$	Monthly Payment:\$
If you are not buying a home, give the name, address, and telephone number of the owner of the place where you <u>live</u> :		
Amount of rent (if any) or other arrangement:		
Do you own or have an interest in any other real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, state the nature of the property and its market value, and any rental income and expenses:		

YOUR CURRENT MARRIAGE/SPOUSE (if support is an issue before the court)	
If you are currently married, name of your current spouse:	
Your spouse's current employer:	
Address, City, State:	Telephone Number:

OTHER PERSON'S EMPLOYMENT

1. Is the person seeking support currently employed? Yes No
2. If so, where?
3. Has the person seeking support been employed during the marriage? Yes No
- If so, how long?
4. If not, why not?
5. What is the date of last employment of the person seeking support?
6. State the last income of the person seeking support: Monthly Gross: \$ Monthly Net: \$
- Please provide as much information as you can regarding the *other* party's employment, usual and customary work hours, travel obligations, income, and benefits:

IF EITHER PARTY IS PAYING EXTRAORDINARY COMMUNITY DEBTS

Name of Debtor	Amount paid per month	Present balance of the debt
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
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	\$	\$

A. CHILD SUPPORT

1. Is this an initial child support rule or a request to modify a previous child support order? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. If this is a modification, what is the date of the last judgment?
2a. Was child support determined as per Louisiana Support Guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. What do you allege <i>in your pleadings</i> is the material change in circumstance that has occurred since the last judgment was entered?
4. If a modification is requested, is it for an increase or a decrease in support?
5. If your request for a modification is based upon a change in <i>your</i> income or financial circumstances, indicate your gross income at the time the support was last set by the court (and provide a W-2 form or other supporting documentation), and the current amount of support ordered by the court:
6. If there are minor children in this case under five (5) years of age, please indicate the parent with whom the children primarily reside:
7. What is the <i>annual</i> cost of childcare (be sure to include before-school, after-school, holiday, and summer costs in your annual cost)? Have you applied for childcare assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No How much will childcare assistance pay?
8. Is health insurance for the children available through the employment of either parent(s) or stepparent(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Who currently provides health insurance for the children?
10. What is the actual cost of health insurance for <i>only</i> the children – you must provide documentation from your employer or the insurance company to show the difference in cost for employee only coverage, and employee plus children coverage, if the children are covered under a family plan.
11. If there are any children-related medical or dental expenses which are “extraordinary” (allergies, braces, ADHD, etc.) and which require either ongoing monthly payments and/or occasional payments in excess of \$100, or any child-related extracurricular activities, please describe the nature and cost of same:
12. Are there children in private or parochial school whose support is at issue? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. If the children’s enrollment in private or parochial school is disputed, please explain your position:
14. What is the <i>annual</i> cost of tuition and fees for children (registration, total annual tuition, books, supply fees, and other mandatory fees): Please itemize separately.

14a. Do you get or expect to get tuition assistance?
How much?

15. Have you filed a Rule seeking the right to claim the children as a tax exemption? Yes No

16. If you seek a deviation from the Louisiana Children Support Guidelines, state the reason(s) supporting the deviation:

17. Expense Sharing – Are you sharing expenses with a third party? Yes No
If so, state the nature and amount of your expenses which are being shared with or paid by a third party.

18. Do the children receive income? Yes No
If the answer is yes, is the income of the children due to the disability of a child or a parent?

If due to disability of a parent, whose disability gave rise to the children's income?
Who currently gets the disability check?

If the children's income is not related to disability, please provide the nature, source and amount of the income and documentation of same.

19. Are you paying court-ordered child support for other children? Yes No
If yes, for each list:

<u>Parish where issued</u>	<u>Date of Judgment</u>	<u>Amount of Award</u>

You are required to provide a certified copy of any judgment/court order or other document which requires you to pay child support for other children.

You are required to complete Section VIII – Income and Expense Sheet

B. SPOUSAL SUPPORT

1. If “final periodic spousal support” is opposed by you, please state the basis for opposing the claim for this form of spousal support (lack of need, inability to pay, fault), with an explanation:

2. If you request a modification or termination of court-ordered spousal support, please state the facts supporting your request.

3. If your request for a modification (either increase or decrease) is based upon a change in ***your*** income or financial circumstances, state your gross and net income at the time the support was last set by the court (provide supporting documentation):

You are required to complete Section VIII – Income and Expense Sheet

III. USE OF FAMILY HOME/COMMUNITY MOVABLES

1. Who currently lives in the former marital home?
2. Does this party seek the continued and exclusive use of the home? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the non-resident party also seek the exclusive use of the home? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Who owns the former marital home?
5. Briefly state the reasons in support of <u>your</u> request to live in the home? (if applicable):
6. Are you requesting the exclusive use of any community or separate vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Who has possession of the community vehicles(s) at issue at this time?
8. List which vehicle (year, make, and model) and state whether it is community or separate property.
9. Briefly state the reasons in support of <u>your</u> request to have exclusive use of the vehicle (if applicable):
10. Are you requesting law enforcement assistance in returning to the home to retrieve clothing or other necessary items? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you requesting the use and possession of any other assets (furniture, appliances, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. If the answer is yes, please list and provide an explanation:
13. Is rental reimbursement for the family home an issue? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is the rental value? Please provide proof.

IV. INJUNCTIONS

COMMUNITY

1. Has either party requested an injunction to preserve the community? Yes No

2. If there is a need for an exception to such an injunction (for example, to permit a business to be able to continue to operate), provide a detailed explanation of the facts supporting the exception:

ABUSE / HARASSMENT

1. Has either party requested an injunction to protect a party or children? Yes No

2. If yes, provide specific facts which support such an injunction.

3. Are Protective Orders in effect? Yes No

4. If yes, please provide a copy of the petition and order.

V. CONTEMPT OF COURT – CHILD OR SPOUSAL SUPPORT MATTERS

CONTEMPT

1. List each alleged count of contempt separately. For each, state the exact provision of a judgment or order that defendant has allegedly violated. Give the date of the judgment or order.

2. Please provide the dollar value of the claim: Child Support: \$ _____; Spousal Support \$ _____; Other Money Judgment \$ _____.

- a. What proof does payor have that they have paid toward their ongoing monthly obligation or arrears?
- b. What proof does payee have that they have not been paid on the ongoing monthly obligation or arrears?
- c. What notice was payee sent of their share of court-ordered obligations?
- d. Has payor been held in contempt of court before? Yes No
- e. If the answer to “d” is yes, list the date of each judgment of contempt.
- f. If the answer to “d” is yes, list the violation which led to each finding of contempt and sentence imposed by the court.
- g. Please state if a “purge” has been previously set by the court, and whether it was paid. (A “purge” is an order that gives a party more time to pay.)

3. Are you asking that the party violating the court order be sentenced to jail time? Yes No

4. Estimate the amount of attorney fees which you have incurred in seeking the relief before the court (you should only respond to this question if you are seeking to enforce a court order and attorney’s fees are a remedy provided by law): \$ _____

5. If the issue is reimbursement for medicals, extracurriculars, etc., list how and when demand for reimbursement was made. Provide a summary of all such expenses and the amount of the other party’s pro-rata share of same, and attach all supporting proof with the documents organized in the order and manner in which the expenses are listed in the summary.

6. What is the payor’s ability to pay?

7. Is there a non-support case pending? Yes No

If the answer is yes, please provide details.

8. If you are the payor, please state any defense you may have to non-payment of the amounts claimed.

NOTICE TO PAYORS: Please be advised that your ability to pay will be an issue before the court and you must come prepared to present testimony and evidence you want the court or hearing officer to consider on your hearing date.

You are also required to complete the attached Section VIII – Income and Expense Sheet.

VI. CONTEMPT OF COURT – ALL MATTERS EXCEPT SUPPORT

1. List each count of contempt separately and for each, specify the judgment or order that defendant has allegedly violated, and specify the particular provision violated. Give date of the judgment or order, and date of each occurrence.

2. When did the alleged acts of contempt occur?

3. What relief are you seeking?

4. Are you asking that the party violating the court order be given jail time? Yes No

5. Estimate the amount of your attorney fees directly related to your contempt claim (you should only respond to this question if you are seeking to enforce a court order) \$_____

VII. MOTION TO COMPEL DISCOVERY

ANSWER TO INTERROGATORIES AND/OR REQUEST FOR PRODUCTION OF DOCUMENTS

1. Were copies of the interrogatories and the alleged insufficient responses filed with your Motion To Compel? Yes No

2. Was a Rule 10.1 Certificate of Conference filed with your Motion To Compel? Yes No

3. Was reasonable notice of intent to file the Motion To Compel given to opposing party? Yes No

By what method?

4. Provide a list of exactly what you say was not provided, or what was deficient, and provide a copy of your letter to the other party itemizing same, and any response thereto.

5. List reasonable expenses incurred in seeking and obtaining this order to compel (attorney fees and costs).

VIII. INCOME AND EXPENSE SHEET

(ALL categories are to be calculated on a monthly basis; supporting documentation required.)

	<u>PARTY</u>	<u>CHILDREN</u>	<u>TOTAL</u>
A. <u>GROSS MONTHLY INCOME OF PARTY</u>			
1. Wages and Commissions (Gross)			
2. Bonuses (Gross)			
3. Car Allowance			
4. Other Expense Reimbursement			
5. Interest			
6. Dividends			
7. Rents and Royalties (Net)			
8. Business Profits (Pre-Tax)			
9. Recurring Capital Gains			
10. Trust Income			
11. Recurring Gifts			
12. Other gross monthly income of party			
<u>TOTAL GROSS MONTHLY INCOME</u>			
B. <u>ITEMIZED PAYROLL DEDUCTIONS</u>			
1. Federal Taxes			
2. State Taxes			
3. Social Security			
4. Medicare			
5. 401K Contributions			
6. 401K Loan			
7. Mandatory Retirement Contributions			
8. Health Insurance			
9. Life Insurance			
10. Other Deductions (detail)			
<u>TOTAL MONTHLY PAYROLL DEDUCTIONS</u>			
C. <u>TAX LIABILITY (not deducted from payroll)</u>			
1. Federal Income Taxes			
2. State Income Tax			
3. Self Employment Tax			
4. Other			
<u>TOTAL MONTHLY TAX LIABILITY (not deducted from payroll)</u>			
<u>TOTAL NET MONTHLY INCOME</u>			
D. <u>INCOME OF CHILDREN</u>			
1. Social Security			
2. Investment			
3. Trust			
4. Other income of children			
E. <u>MONTHLY EXPENSES (List current, ongoing expenses):</u>			
1. HOUSING			
<i>***See Section E(17) to add other expenses not listed hereunder.</i>			
a. Mortgage/rent			
b. Second Mortgage			
c. Real Estate Taxes (not included in mortgage note)			
d. Homeowner's/Condo Association Dues			
e. Homeowners/Renter's Insurance			
f. Flood Insurance			

	<u>PARTY</u>	<u>CHILDREN</u>	<u>TOTAL</u>
g. Security System			
h. Furniture rental			
i. Lawn care			
j. Pool Service			
k. Repairs/Maintenance			
l. Pest Control			
m. Maid service			
n. Other (detail)			
2. FOOD AND HOUSEHOLD SUPPLIES			
3. CLOTHING			
4. TRANSPORTATION/AUTOMOBILE			
a. Car note/lease			
b. Maintenance			
c. Gas and Oil			
d. Repairs			
e. Insurance			
5. MEDICAL AND DENTAL			
a. Insurance (Hospitalization and Major Medical)			
b. Insurance (Deduction from payroll, if not listed in Section B)			
c. Prescriptions			
d. Over the counter medications			
e. Expenses not covered by insurance			
f. Routine medical exams			
g. Contacts/Glasses			
h. Counseling			
i. Dental maintenance			
j. Orthodontics			
6. UTILITIES			
a. Water			
b. Electric			
c. Garbage			
d. Pool			
e. Cable/Satellite TV			
f. Natural Gas/Propane			
g. Household Phone			
h. Computer			
i. Cellular Phone			
7. LAUNDRY AND CLEANING			
8. PERSONAL AND GROOMING (Cosmetics, haircuts, nails, etc.)			
9. EDUCATION EXPENSES			
a. Tuition (less amount of tuition assistance)			
b. Registration and Mandatory Fees			
c. Transportation			
d. Fees (Gym, band, cheerleading, sports, etc.)			
e. Books and Supplies			
f. Tutoring			
g. Other (field trips, etc.)			
10. CHILD CARE EXPENSES – WORK RELATED (*Child care expenses from above are subject to reduction for Federal Child Care Tax Credit and will be addressed by the court.)			
a. School Year Daycare (less child care assistance)			
b. Summer Daycare (less child care assistance)			
c. Before/After Care (not included above)			
d. Babysitter			
11. CHILD CARE EXPENSES – NON-WORK RELATED			
a. Daycare			
b. Babysitter			
12. GARNISHMENTS			

		<u>PARTY</u>	<u>CHILDREN</u>	<u>TOTAL</u>
13. JUDGMENTS OF CHILD SUPPORT (for children other than those of this marriage/relationship)				
14. FIXED OBLIGATIONS				
a. Credit cards (minimum monthly payment)				
Account	Total Balance			
1.	\$			
2.	\$			
3.	\$			
4.	\$			
5.	\$			
b. Credit union (minimum monthly payment)	\$			
c. Department store balances				
Account	Total Balance			
1.	\$			
2.	\$			
3.	\$			
d. Life Insurance				
e. Disability Insurance				
f. Other insurance (detail)				
15. ENTERTAINMENT/HOLIDAY EXPENSES				
a. Birthdays				
b. Holiday expenses				
c. Gifts from children to others				
d. Books, magazines, etc., subscriptions				
e. Entertainment				
f. Meals away from home				
g. Other (detail)				
16. EXTRACURRICULAR ACTIVITIES				
a. Health Club Membership				
b. Music Lessons/Fees				
c. Dance Lessons/Fees				
d. Sports Fee				
e. Summer Camp				
f. Equipment and Uniforms				
g. Other (detail)				
17. OTHER				
a. Charitable contribution				
b. Professional dues				
c. Vacations with children				
d. Pet expenses				
1. Food				
2. Vet/Grooming				
3. Boarding				
e.				
f.				
g.				
<u>TOTAL MONTHLY EXPENSES</u>				

Attachments: Please indicate which sections of this *Income and Expense Sheet* have supporting documentation attached:

- A. Gross Monthly Income of Party
- B. Itemized Payroll Deductions
- C. Tax Liability (not deducted from payroll)
- D. Income of Children
- E. Monthly Expenses

If any of the above expenses are temporary, please explain fully any anticipated changes:

CERTIFICATION

STATE OF _____

PARISH OF _____

BEFORE ME, the undersigned notary public, personally appeared

Who, after being duly sworn, stated:

I CERTIFY that the information in this affidavit is true and correct to the best of my knowledge, information and belief, that I will immediately correct any errors which I discover after this affidavit has been completed and will notify (the hearing officer or court, whichever is applicable) and the other party immediately after discovery of the error.

I CERTIFY that I will send copy of this affidavit to the other party (and the hearing officer or court, whichever is applicable) not less than _____ days before the (the hearing officer conference or court hearing date, whichever is applicable).

I CERTIFY that in all child custody and visitation cases, I shall have a continuing duty to advise this court of any lawsuit concerning the children in this state or any other state which may affect the outcome of this lawsuit (La. R.S. 13:1821) and that if I knowingly make a false statement herein that the punishment may include fines or jail time.

I CERTIFY that I know that it is a crime to intentionally give a false answer, under oath, to any of the questions herein (La. R.S. 14:123) and false or incomplete answers may result in fines or jail time.

I CERTIFY that I have attached copies of all financial documentation as ordered by the court.

SIGNATURE OF PARTY

Sworn to and subscribed before me this _____ day of _____, 20_____.

NOTARY PUBLIC