

FORM N

NOTE TO PREPARER:

1. Remove all unnecessary sections.
2. Use a color change or font change for your entries.

Hearing Officer assigned to case: _____
 Date & time of hearing officer conference: _____
 Opposing party's counsel: _____

 Vs. No. _____ Div. _____ HO _____ : FOURTEENTH JUDICIAL DISTRICT COURT
 _____ : PARISH OF CALCASIEU
 _____ : STATE OF LOUISIANA
 _____ : _____
 FILED DEPUTY CLERK OF COURT

FAMILY COURT AFFIDAVIT

STATE OF LOUISIANA
 PARISH OF CALCASIEU

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; I have signed below and have initialed each page so certifying. I certify 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 a *copy* of this affidavit to the other party not less than 3 days before the (Hearing Officer Conference or Court hearing date, whichever is applicable), AND I will send the *original* to the Hearing Officer at the same time and the same form of delivery.

I CERTIFY that in all child(ren) custody and visitation cases, I shall have a continuing duty to advise this Court of any lawsuit concerning the child(ren) 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. RS 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

| | |
|--|-------------------|
| YOUR INFORMATION – NOTE: If there is an Order of Protection in effect providing that your address be confidential, your physical address and telephone/fax number need not be disclosed. However, a mailing address must be provided. | |
| 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: |

PENDING PLEADINGS³:

³ Section F. The following rules to show cause shall be set for a Hearing Officer Conference utilizing the *Hearing Officer Conference Order, Form G*:

- 1) Child custody matters;
- 2) Child visitation matters;
- 3) Paternity and disavowal proceedings: A rule to show cause in accordance with LSA-R.S. 9:396 shall be heard by the Hearing Officer. A subsequent date shall be provided before the Judge for a pre-trial conference. Both dates shall be provided in the initial pleading. This Subsection does not apply to State non-support cases under Title IV;
- 4) Child support and ancillary issues;
- 5) Interim spousal support;
- 6) Permanent spousal support: The Hearing Office shall hear and make recommendations as to amount and fault. The Hearing Officer in his discretion may defer the issue of fault to the judge;
- 7) Contempt proceedings;
- 8) Injunctions to protect property;
- 9) Injunctions to protect persons (Title 9);
- 10) Relocation of children;
- 11) Mental health evaluation/counseling;
- 12) Termination of the community of acquets and gains; and
- 13) Any other matters deemed appropriate by the Court.

...
Section H. The following rules to show cause shall be set for hearing before the assigned Judge, and shall not be set before a Hearing Officer:

- 1) Protective Orders;
- 2) Hearings pursuant to La.C.C.P. Art. 3945 (ex parte requests for custody);
- 3) An ex parte order DENIED at presentation shall then be referred to the Hearing Officer for further determination of issues, if necessary;
- 4) An ex parte order GRANTED at presentation shall be set for hearing before the assigned Judge.

On [date] [plaintiff] filed [name of pleading]:

On [date] [defendant] filed [name of pleading]:

[check the applicable sections]

| | | | |
|--|--|--|--|
| | 1. Child(ren) Custody and Visitation Matters | | 3. Use of Family House/Community Movable |
| | 1A. Custody /Visitation by a Parent | | 4. Injunctions |
| | 1B. Custody of Visitations by a Non-Parent | | 5. Contempt of Court – Child(ren) or Spousal Support Matters |
| | 1C. Relocation of a Child(ren)’s residence more than 75 miles or out of state | | 6. Contempt of Court – All matters except Support |
| | 2. Child(ren) Support and/or Spousal Support | | 7. Motion to Compel Discovery |
| | 2A. Child(ren) Support | | 8. Income and Expense Sheet (Required for every case involving Spousal Support or Contempt involving spousal support) |
| | 2B. Spousal Support | | 9. Termination of the Community of Acquets and Gains |

1.
CHILD CUSTODY AND VISITATION MATTERS

This Section to be completed in all cases involving Child(ren) Custody and Visitation. NOTE: if 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(ren)'s health, safety, or liberty would be jeopardized by disclosing identifying information, this information shall be sealed until after a hearing in which the Court determines that the disclosure is in the interest of justice. See La. R.S. 13:1821.

-
- 5) Rules for divorce;
 - 6) Exceptions;
 - 7) Discovery motions; and
 - 8) Rules to show cause why a Sworn Detailed Descriptive List should not be deemed a Judicial Determination of Community Assets and Liabilities.

Section I. The following rules to show cause may be set before the Hearing Officer, OR the assigned Judge:

- 1) Rules to terminate the community;
- 2) Mental health evaluation/counseling;
- 3) Substance abuse testing/treatment;
- 4) Anger management assessment/treatment; and
- 5) Domestic violence assessment/treatment.

| CHILD(REN) IN THIS CASE | GENDER | CURRENT AGE | DATE OF BIRTH |
|-------------------------|--------|-------------|---------------|
| | | | |
| | | | |
| | | | |

Where do the child(ren) live currently?

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

| PARISH/COUNTY | STATE OR COUNTRY | WHEN CHILD(REN)REN LIVED THERE (DATES) |
|---------------|------------------|--|
| | | |
| | | |
| | | |

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

| NAME | ADDRESS | RELATIONSHIP |
|------|---------|--------------|
| | | |
| | | |
| | | |

3. Have the child(ren)ren ever been involved in any of these cases? If the answer is yes please check below:

| | | | | | | | |
|--------------------------|--------------------|--------------------------|-------------------|--------------------------|-----------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | Divorce/Separation | <input type="checkbox"/> | Paternity | <input type="checkbox"/> | Juvenile Court | <input type="checkbox"/> | Parental Rights Termination |
| <input type="checkbox"/> | Custody/Visitation | <input type="checkbox"/> | Protective Order | <input type="checkbox"/> | Child(ren) Protection | <input type="checkbox"/> | Adoption |
| <input type="checkbox"/> | Child(ren) Support | <input type="checkbox"/> | Restraining Order | <input type="checkbox"/> | Abuse/Neglect | <input type="checkbox"/> | Other: |

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

A. Name of Child(ren):

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

C. Court, Parish/County and State:

Docket#:

D. Is the case is still open/on-going?

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(ren) listed above, please provide the following:

AREAS OF DISPUTE BEFORE THE COURT. Please check those that apply.

| | | | |
|---|--|--|--|
| | Type of custody (joint custody vs. sole custody) | | Amount of time the child(ren) are with each parent (custody/visitation schedule) |
| | Who should be named as “domiciliary parent”? | | Conditions of custody or visitation (restrictions, supervision) |
| With whom do the child(ren) presently live? How long? Why are they living with this parent? | | | |
| Who has been the child(ren)’s primary caretaker? (provide details if necessary) | | | |

| |
|--|
| What type of custody/visitation arrangement for the <i>other</i> parent is in the child(ren)'s best interest in your opinion? |
| Explain the visitation/access arrangement you and the other parent have been using since the separation on _____. |
| Is shared (about equal) physical custody possible? 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 child(ren) and the party seeking sole custody has the burden of overcoming the presumption in favor of joint custody): |
| If you have asked, <i>in pleadings already filed with the Court</i> , that the other parent's 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 child(ren)? |
| If so, has a judge or the Department of Child(ren) and Family Services found abuse before? If so, give details. |
| Has a mental health, custody or substance abuse evaluation been requested in pleadings filed with the court? If so, list facts which support the request. |
| Are you willing to participate in mediation? (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 CUSTODY / VISITATION

This section is to be completed *only* if there has been a previous final judgment of 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)? |
| 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? If the answer is yes, please give details. | |

| Areas of dispute before the Court. Please check those that apply. | | | |
|--|--|--|--|
| | Type of custody (joint custody vs. sole custody) | | Amount of time the child(ren) are with each parent (custody/visitation schedule) |
| | Who should be named as "domiciliary parent"? | | Conditions of custody or visitation (restrictions, supervision) |
| What type of custody/visitation for the <i>other</i> parent is now in the child(ren)'s best interest in your opinion? | | | |
| Is shared (about equal) physical custody a feasible arrangement? 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 child(ren) and the party seeking sole custody has the burden of overcoming the presumption in favor of joint custody): | | | |
| If you have asked, <u>in pleadings already filed with the Court</u> , that the other parent's 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 child(ren)? If the answer is yes, has a judge or the Department of Child(ren) and Family Services found abuse before? If so, give details and attach judgment. |
| Has a mental health, custody or substance abuse evaluation been requested in pleadings filed with the court? If the answer is yes, list facts which support the request. |

| |
|--|
| Are you willing to participate in mediation? (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 CHILD(REN)REN? Please check below: | | | |
| | Maternal Grandparent | | Other relative: (please specify) |
| | Paternal Grandparent | | Other |

| OTHER CASES INVOLVING THE CHILD(REN)REN (including Support Enforcement and Protective Orders) | Docket Number | JDC/Parish/City Court |
|--|----------------------|------------------------------|
| | | |
| | | |

| |
|---|
| HAVE THE CHILD(REN)REN EVER BEEN ADOPTED? By whom? |
|---|

2. INFORMATION ON PARENTS

| | | |
|--|--|-----------------------------|
| Who are the parents of the child(ren)? | | |
| Were the parents married at the time of the child(ren)'s birth? | | |
| If the answer to the last question is no, did the father execute an Act of Acknowledgement? | | |
| Is father listed on the birth certificate? | Is there a Judgment of Paternity? | Please give details: |
| Is paternity in dispute? | | |
| Are the parent(s) of the child(ren) no longer living? If so, indicate which parent. | MOTHER | FATHER |
| Are the parent(s) of the child(ren) in jail? If so, indicate which parent. | MOTHER | FATHER |

3. VISITATION

Please answer this section is you are seeking visitation *only*.

| |
|--|
| Is this an initial determination of visitation or is there a judgment already in place? If there is already a judgment, you must attach a certified copy. |
| DESCRIBE THE LENGTH AND QUALITY OF YOUR RELATIONSHIP WITH THE CHILD(REN)REN. |
| Are the child(ren) in need of guidance, enlightenment or tutelage which can best be provided by you (La. C. C. Art. 136)? If so, state why. |
| Have the child(ren) expressed a preference on your request for visitation? |

| |
|---|
| Are you willing to encourage a close relationship between the child(ren) and their parents? |
| Are you in good physical and mental health? Do you have special needs? |
| Are the child(ren) in good physical and mental health? Do the child(ren) have special needs? |
| Describe why you think it is in the child(ren)'s best interest for you to have visitation: |
| What amount of visitation do you seek? |
| Are you in contact with the child(ren)'s custodial parent? Describe your relationship. |

4. CUSTODY

Please answer this section if you are seeking *custody*.

| |
|---|
| Is this an initial determination of legal custody or is there a judgment already in place? If there is already a judgment, you must attach a certified copy. |
| What type of custody do you seek (Sole or Joint Custody)? |
| Would substantial harm occur to the child(ren) if custody is not granted to you? If the answer is yes, please provide details. |
| The prior judgment filed on ? provided: |
| Why would a transfer of custody to you be in the child(ren)'s best interest? |
| Have the child(ren) been living with you in a wholesome and stable environment? If the answer is yes, for how long? |
| If the child(ren) do not currently live with you, can you provide an adequate and stable home for the child(ren)? |
| What is your usual and customary work schedule? |

C. RELOCATION OF A CHILD(REN)'S RESIDENCE MORE THAN 75 MILES OR OUT OF STATE

| CHILD(REN)REN IN <u>THIS</u> CASE | GENDER | CURRENT AGE | DATE OF BIRTH | GRADE & SCHOOL |
|---|--------|----------------|------------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Where do the child(ren) live currently? | | | | |

1. INFORMATION ON PARENTS

| | | |
|---|--|-----------------------------|
| What is your relation to the child(ren)? | | |
| Who is the child(ren)'s other parent? | | |
| Were you married to the other parent at the time of the child(ren)'s birth? | | |
| If the answer to the previous question is no, and you are the father, have you signed an Act of Acknowledgement? | | |
| Are you listed on the birth certificate? | Is there a Judgment of Paternity? | Please give details: |
| Is paternity contested? | | |

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

| NAMES OF YOUR OTHER CHILD(REN) NOT AT ISSUE IN THIS CASE | GENDER | CURRENT AGE | DATE OF BIRTH |
|---|---------------|--------------------|----------------------|
| | | | |
| | | | |
| | | | |

| |
|--|
| What type of custody do you have with these child(ren)? |
| Who is the primary domiciliary parent? |
| What is your custody/visitation schedule with these child(ren)? |
| Do you have any restrictions or conditions on your custody or visitation? If so please list, and attach copy of the judgment. |

2. COURT ORDERS IN EFFECT

| |
|---|
| Your Name: |
| Is there a previous order or judgment awarding custody? If the answer is yes, answer these questions: |
| Give details of the previous judgment on custody/visitation, including the date of the last judgment, the name of primary domiciliary parent, if any, and any restrictions on custody or visitation. |
| Does the previous judgment/order have any provision about relocation? If the answer is yes, please give details. |
| Is there a protective order or domestic abuse order in effect? If the answer is yes, please give details and attach order. |

3. PARENT SEEKING TO RELOCATE CHILD(REN)

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

| |
|--|
| Your Name: |
| Where do you currently live? (City, Parish, and State) |
| For how long? |
| What is your marital status? Who resides (besides the child(ren) at issue) in the home with you? |
| Do you seek to relocate with the child(ren) outside of the State of Louisiana? If the answer is yes, where and when? Give details of your reasons for relocation. |
| Is there a court order awarding custody? (Attach the last court order.) |
| If the answer is yes, did the court order designate the principal residence of the child(ren) or were the parties awarded equal physical custody? |
| Have you already relocated with the child(ren)? 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? |
| 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 child(ren)'s best interest? |

4. PARENT OPPOSING RELOCATION OF CHILD(REN)

The following questions are to be filled out only if you oppose relocation of the child(ren)

| |
|--|
| Your Name: |
| Where do you currently live? (City, Parish, and State) |
| For how long? |
| What is your current marital status? Who (besides the child(ren) at issue) resides in the household with you? |
| Are you employed? If the answer is yes, give details of your position and work schedule. |
| Did you receive notice of the proposed relocation of your child(ren)? If the answer is yes, give the date and details. |
| Why do you oppose the relocation? |
| Do you currently pay child(ren) support pursuant to a court order? If the answer is yes, give the date and details. |
| Are you current in child(ren) support payments? Have you ever been in arrears in payment? Give details, including contempt proceedings and judgments. |
| What is your level of involvement at the current time with your child(ren)? |
| Do you exercise custody/visitation as court ordered? |

| |
|--|
| If the answer is no, give details. |
| Do you currently have any protective orders or domestic abuse orders in effect against you? |

2.
CHILD SUPPORT AND/OR SPOUSAL SUPPORT

retroactive date: _____

| 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, 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 | | | \$ |
| Automobile | | | \$ |
| Fuel, Mileage, or Credit Card | | | \$ |
| Meal Allowance | | | \$ |
| Health and/or Life Insurance | | | \$ |
| Other (Health club, etc.) | | | \$ |

| YOUR SELF EMPLOYMENT |
|---|
| Is your employment managed, controlled, or owned by you, a relative, or family member? |
| If yes, give details: |
| Have you provided the documents required for self-employed persons on the HOC Order? |

| YOUR <u>UN</u>EMPLOYMENT |
|--|
| Are you <u>un</u>employed? |
| If so, indicate the last date on which you were employed: |
| What is the reason for the termination of your employment (quit, fired, lay-off, business closed, disabled, etc)? |

| | |
|---|--|
| If you are receiving unemployment, amount per month: \$ 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: \$ | Anticipated duration: Type (SSI, SSD, worker's comp, etc.): |
| If you claim you are disabled, but are not receiving disability benefits, (SSD, Workman's comp, Maintenance and Cure, etc.) you must bring <u>certified copies</u> 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, etc.): | | | |
| Was the employment managed, controlled, or owned by you, a relative, or family member? | | | |
| If Yes, give details: | | | |

| YOUR OTHER INCOME |
|--|
| 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 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? | 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 live: | | |
| Amount of rent (if any) or other arrangement: | | |
| Do you own or have an interest in any other real estate? | | |
| 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:

OPPOSING PARTY'S EMPLOYMENT

1. Is the other person currently employed?

2. If so, where?

3. Has the other person been employed during the marriage?

4. If not, why not?

5. What is the date of last employment of the other person?

6. State the last income of the other person: 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

provide information below:

| Name of Debtor | Amount paid per month | Present balance of the debt | Who pays this debt |
|----------------|-----------------------|-----------------------------|--------------------|
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |

A. CHILD SUPPORT

| CHILD(REN)REN IN <u>THIS</u> CASE | GENDER | CURRENT AGE | DATE OF BIRTH | GRADE & SCHOOL |
|-----------------------------------|--------|-------------|---------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Where do the child(ren) live currently?

1. Is this an initial child(ren) support rule or a request to modify a previous child(ren) support order?

2. If this is a modification, what is the date of the last judgment?

2a. Was child(ren) support determined as per Louisiana Support Guidelines?

2b. What were the terms/amounts of the previous judgment?

| | |
|--|---|
| 3. What do you allege <u>in your pleadings</u> 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 child(ren) in this case under five (5) years of age, please indicate the parent with whom the child(ren) primarily reside: | |
| 7. What is the <u>annual</u> cost of child care (be sure to include before-school, after-school, holiday, and summer costs in your annual cost)? Have you applied for childcare assistance? How much will childcare assistance pay? | |
| 8. Is health insurance for the child(ren) available through the employer of either spouse? | |
| 9. Who currently provides health insurance for the child(ren)? | |
| 10. What is the actual cost of health insurance for <u>only</u> the child(ren)- you must provide documentation from your employer or the insurance company to show the difference in cost for employee only coverage, and employee plus child(ren) coverage, if the child(ren) are covered under a family plan. | |
| 11. If there are any child-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. Is the child(ren) in private or parochial school whose support is at issue? | |
| 13. If the child(ren)'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 child(ren) (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 child(ren) as a tax exemption? | |
| 16. If you seek a deviation from the Louisiana Child Support Guidelines, state the reason(s) supporting the deviation: | |
| 17. Expense Sharing -Are you sharing expenses with a third party? If so, state the nature and amount of your expenses which are being shared with or paid by a third party. | |
| 18. Do the child(ren) receive income? | If the answer is yes, is the income of the child(ren) due to the disability of a child(ren) or a parent? |
| If due to disability of a parent, whose disability gave rise to the child(ren)'s income? Who currently gets the disability check? | |
| If the child(ren)'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(ren) support for other child(ren)? 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(ren) support for other child(ren).

You are required to complete Section 8 -Income and Expense Sheet.

You are NOT required to complete Section 8 – Income and Expense Sheet if you are *only* seeking child support AND you are NOT seeking a deviation in the Louisiana Support Guidelines based upon your payment of community debts. If you claim you should be given a deviation in the Louisiana Support Guidelines based upon your payment of community debts, you must complete Section 8 – 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 8 -Income and Expense Sheet

3.

**USE OF FAMILY HOME/COMMUNITY MOVABLES
TERMINATION OF THE COMMUNITY**

1. Who currently lives in the former marital home?

2. Does this party seek the continued and exclusive use of the home?

3. Does the non-resident party also seek the exclusive use of the home?

4. Who owns the former marital home?

5. Briefly state the reasons in support of *your* request to live in the home? (if applicable):

| |
|---|
| 6. Are you requesting the exclusive use of any community or separate vehicles? |
| 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 <i>your</i> 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? |
| 11. Are you requesting the use and possession of any other assets (furniture, appliances, etc.)? |
| 12. If the answer is yes, please list and provide an explanation: |
| 13. Is rental reimbursement for the family home an issue? If so, what is the rental value? Please provide proof. |

| |
|--|
| 1. Do you seek to terminate the community between yourself and your spouse? If your answer is yes, answer: A. What was the date of your marriage? B. What date did you and your spouse begin living separate and apart? C. What date was the petition for divorce filed? |
|--|

4. **INJUNCTIONS**

| |
|---|
| COMMUNITY |
| 1. Has either party requested an injunction to preserve the community? |
| 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 child(ren)? |
| 2. If yes, provide <i>specific facts</i> which support such an injunction. |
| 3. Are Protective Orders in effect? |
| 4. If yes, please provide a copy of the petition and order. |

| |
|---|
| CHILD(REN) COMMUNICATIONS |
| 1. Has either party requested an injunction to protect the child(ren) from knowledge of |

| |
|--|
| the proceedings? |
| 2. What is the language of the requested injunction? |

5.
CONTEMPT OF COURT – CHILD OR SPOUSAL
SUPPORT MATTERS

| |
|--|
| CONTEMPT |
| The prior judgment filed on _____ provided: |
| 1. List each alleged count of contempt separately. For each, state the exact provision of a judgment or order that defendant has allegedly violated: |
| 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? |
| 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? |
| 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): \$ |
| 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 STATE non-support case pending? 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 10 -Income and Expense Sheet.

CHILD SUPPORT PAYMENT HISTORY (complete this section only if support arrearages is an issue before the Court and attach additional sheets if necessary)

| Date Owed | Amount Owed | Amount Paid | Date Paid | Supporting Documents/Notes |
|--------------|-------------|-------------|-----------|----------------------------|
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| TOTAL | \$ | \$ | | |

6.
CONTEMPT OF COURT - ALL MATTERS EXCEPT SUPPORT

| |
|---|
| The prior judgment filed on _____ provided: |
| 1. List each count of contempt separately and for each, state the judgment or order that defendant has allegedly violated, and specify the particular provision violated. Give the <i>date of each occurrence</i> . |
| 3. <i>What relief are you seeking?</i> |
| 4. Are you asking that the party violating the court order be given jail time? |
| 5. Estimate the amount of your attorney fees directly related to your contempt claim (you should only respond to this question is you are seeking to enforce a court order). \$ _____ |

7.
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?
2. Was a Rule 10.1 Certificate of Conference filed with your Motion to Compel?
3. Was reasonable notice of intent to file the Motion to Compel given to opposing party? 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). \$

8.
CONTEMPT OF COURT - ALL MATTERS EXCEPT SUPPORT

1. List each count of contempt separately and for each, state 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?
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) \$_____

9.
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?
2. Was a Rule 10.1 Certificate of Conference filed with your Motion to Compel?
3. Was reasonable notice of intent to file the Motion to Compel given to opposing party? 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).

10.
INCOME AND EXPENSE SHEET

(ALL categories are to be calculated on a monthly basis)
(Supporting documentation is required)

| | | <u>PARTY</u> | <u>CHILD(REN)</u> | <u>TOTAL</u> |
|-----------|---|--------------|-------------------|--------------|
| A. | <u>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 (Please detail) | | | |
| | Total Gross Monthly Income of Party | | | |
| | | <u>PARTY</u> | <u>CHILD(REN)</u> | <u>TOTAL</u> |
| B. | <u>PAYROLL DEDUCTIONS OF PARTY</u> | | | |
| | 1. Federal Income Tax | | | |
| | 2. State Income Tax | | | |
| | 3. Social Security Tax | | | |
| | 4. Medicare Tax | | | |
| | 5. 401K Contributions | | | |
| | 6. 401K Loan | | | |
| | 7. Mandatory Retirement Contributions | | | |
| | 8. Health Insurance | | | |
| | 9. Life Insurance | | | |
| | 10. Other (Please detail) | | | |
| | Total Payroll Deductions | | | |
| C. | <u>TAX LIABILITY (not deducted from payroll)</u> | | | |
| | 1. Federal Income Taxes | | | |
| | 2. State Income Tax | | | |
| | 3. Self Employment Tax | | | |
| | 4. Other | | | |
| | Total Tax Liability | | | |
| | TOTAL NET MONTHLY INCOME | | | |
| D. | <u>INCOME OF CHILD(REN)</u> | | | |
| | 1. Social Security | | | |

| | | | | |
|-----------|---|---------------------|--------------------------|---------------------|
| | 2. Investment | | | |
| | 3. Trust | | | |
| E. | <u>MONTHLY EXPENSES (List current, ongoing expenses):</u> | | | |
| | 1. HOUSING | | | |
| | a. Rent | | | |
| | b. First Mortgage | | | |
| | c. Second Mortgage | | | |
| | d. Homeowners Insurance | | | |
| | e. Flood Insurance | | | |
| | f. Renter's Insurance | | | |
| | g. Real Estate Taxes – House (not included in mortgage note) | | | |
| | h. Security System | | | |
| | i. Pest Control | | | |
| | j. Pool Service | | | |
| | k. Lawn Service | | | |
| | l. Homeowner's/Condo Association Dues | | | |
| | m. Furniture Rental | | | |
| | n. Repairs/Maintenance | | | |
| | o. Maid Service | | | |
| | p. Other (Please detail) | | | |
| | 2. FOOD AND HOUSEHOLD SUPPLIES | | | |
| | 3. CLOTHING | | | |
| | 4. TRANSPORTATION/AUTOMOBILE | | | |
| | a. Car Note/Lease | | | |
| | b. Gas | | | |
| | c. Maintenance (Oil change, etc.) | | | |
| | d. Insurance | | | |
| | e. Repairs | | | |
| | 5. MEDICAL AND DENTAL | | | |
| | a. Health Insurance (Hospitalization and Major Medical) | | | |
| | | <u>PARTY</u> | <u>CHILD(REN)</u> | <u>TOTAL</u> |
| | b. Dental Insurance | | | |
| | c. Prescriptions (cost not covered by insurance) | | | |
| | d. Over the Counter Medications | | | |
| | e. Routine medical and dental exams (cost not covered by insurance) | | | |
| | f. Contacts/Glasses/Eye Exams | | | |

| | | PARTY | CHILD(REN) | TOTAL |
|---|---|-------|------------|-------|
| | g. Counseling/Therapy (cost not covered by insurance) | | | |
| | h. Orthodontics (cost not covered by insurance) | | | |
| | i. Expenses (cost not covered by insurance) | | | |
| | 6. UTILITIES | | | |
| | a. Water | | | |
| | b. Electricity | | | |
| | c. Natural Gas/Propane | | | |
| | d. Cable/Satellite TV | | | |
| | e. Garbage | | | |
| | f. Household Landline Telephone | | | |
| | g. Cellular Telephone | | | |
| | h. Computer | | | |
| | 7. LAUNDRY AND CLEANING | | | |
| | 8. PERSONAL AND GROOMING (Cosmetics, haircuts, nails, etc) | | | |
| | 9. EDUCATION EXPENSES | | | |
| | a. Tuition (less amount of tuition assistance) | | | |
| | b. Registration | | | |
| | c. Transportation | | | |
| | d. Mandatory Fees | | | |
| | e. Fees (Gym, band, cheerleading, sports, etc.) | | | |
| | f. Books and Supplies | | | |
| | g. Tutoring | | | |
| | h. Other (Field Trips, etc.) | | | |
| * | 10. CHILD CARE EXPENSES – WORK RELATED | | | |
| | 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(REN) CARE EXPENSES – NON-WORK RELATED | | | |
| | a. Daycare | | | |
| | b. Babysitter | | | |
| | 12. GARNISHMENTS | | | |
| | 13. JUDGMENTS OF CHILD(REN) SUPPORT (For child(ren) other than those of this relationship) | | | |
| | 14. FIXED OBLIGATIONS | | | |

| | a. Credit Cards | | | | |
|--|--|-------------------------------|---------------------|--------------------------|---------------------|
| | Minimum Monthly Payment: | Account Total Balance: | | | |
| | 1. \$ | \$ | | | |
| | 2. \$ | \$ | | | |
| | 3. \$ | \$ | | | |
| | 4. \$ | \$ | | | |
| | a. Credit Union | | | | |
| | b. Department Store | | | | |
| | c. Disability Insurance | | | | |
| | d. Life Insurance | | | | |
| | e. Other (Please detail) | | | | |
| | 15. ENTERTAINMENT/HOLIDAY EXPENSES | | | | |
| | a. Birthdays | | | | |
| | b. Holiday expenses | | | | |
| | c. Gifts from child(ren) to others | | | | |
| | d. Books, magazines, newspapers, etc. | | | | |
| | e. Entertainment | | | | |
| | f. Dining Out | | | | |
| | g. Other (Please detail) | | | | |
| | | | <u>PARTY</u> | <u>CHILD(REN)</u> | <u>TOTAL</u> |
| | 16. EXTRACURRICULAR ACTIVITIES | | | | |
| | a. Music Lessons/Fees | | | | |
| | b. Dance Lessons/Fees | | | | |
| | c. Sports Fees | | | | |
| | d. Summer Camp | | | | |
| | e. Equipment and Uniforms | | | | |
| | f. Other (Please detail) | | | | |
| | 17. OTHER | | | | |
| | a. Charitable contribution | | | | |
| | b. Professional dues | | | | |
| | c. Vacations with child(ren) | | | | |
| | d. Pet expenses | | | | |
| | 1. Food | | | | |
| | 2. Vet/Grooming | | | | |
| | 3. Boarding | | | | |
| | e. Other (Please detail) | | | | |
| | TOTAL MONTHLY EXPENSES | | | | |

***Child care expenses from above subject to reduction for Federal Child Care Tax Credit and will be addressed by the Court.**

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

| | |
|-----------------------------------|--|
| Your <i>gross</i> monthly income: | |
| Your <i>net</i> monthly income: | |
| Your total monthly expenses: | |
| Difference: | |

ATTACHMENTS: *(indicate those which are applicable)*

- Last 3 pay stubs with year to date
- Last 3 years of income tax form
- Judgment
- Proof of private school care costs
- Proof of costs of health and hospitalization
- Proof of medical expenses