

SUPREME COURT OF LOUISIANA


ORDER

Acting under the authority of Article V, Sections 1 and 5 of the Louisiana Constitution of 1974, and the inherent power of this Court, the Court hereby adopts amendments and additions, annexed hereto as Attachment A and incorporated herein, to the Rules for Louisiana District Courts, duly presented to this Court by the Supreme Court Committee on District Court Rules.

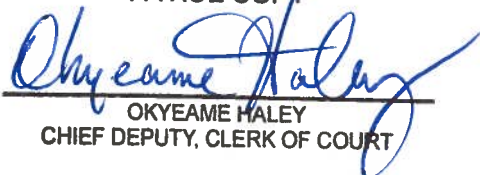
This Order shall become effective July 1, 2017, and shall remain in full force and effect thereafter, until amended or changed under the authority of future orders of this Court.

New Orleans, Louisiana, this 16th day of May, 2017.

FOR THE COURT:


Chief Justice Bernette J. Johnson
Supreme Court of Louisiana

SUPREME COURT OF LOUISIANA
A TRUE COPY


OKYEAME HALEY
CHIEF DEPUTY, CLERK OF COURT

ATTACHMENT “A”

APPENDIX 23.0B FAMILY LAW AFFIDAVIT

Plaintiff _____ JUDICIAL DISTRICT COURT
VERSUS _____ DOCKET NO. _____
Defendant _____ PARISH, LOUISIANA
FILED: _____ DEPUTY CLERK _____

FAMILY LAW AFFIDAVIT

DISCLAIMER: This form is a simply a tool for mathematical calculation. Any results determined from use of this form are not necessarily an accurate indication of what the child support should be. Setting of child support is within the sound discretion of the judge.

Also, this form contains embedded formulas that, if modified, may corrupt the form. Be sure to double-check all work.

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If it is a foreign judgment (from another state), has it been registered in accordance with La. R.S. 13:1801, et seq.? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
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.
--	--

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 rebutting the presumption in favor of joint custody by clear and convincing evidence):

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)?
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <i>other</i> parent is now in the children's best interest in your opinion?	
Is shared (about equal) physical custody a feasible arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No Why or why not?	
If you seek sole custody, briefly state the reasons (please note that <u>joint</u> custody is presumed to be in the best interest of the children, and the party seeking <u>sole</u> custody has the burden of <u>overcoming rebutting</u> the presumption in favor of joint custody <u>by clear and convincing evidence</u>):	

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

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

4. CUSTODY
Please answer this section if you seek custody

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to the previous 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 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is no, do you seek to relocate with the children more than 75 miles from the other parent? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>

Have you already relocated with the children? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is yes, give the date and details.

<p>Why do you oppose the relocation?</p>
<p>Do you currently pay child support pursuant to a court order? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer is yes, give the date and details.</p>
<p>Are you current in child support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been in arrears in payment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Give details, including contempt proceedings and judgments.</p>
<p>What is your level of involvement at the current time with your children?</p>
<p>Do you exercise physical custody/visitation as court-ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer is no, give details.</p>
<p>Do you currently have any protective orders or domestic abuse orders in effect against you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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 <i>unemployed</i> ? <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

[illegible]

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 <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 <u>your</u> 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 <u>annual</u> 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)? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
9. Who currently provides health insurance for the children?
10. What is the actual cost of health insurance for <u>only</u> 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 <u>annual</u> 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.

SUPPORT PAYMENT HISTORY (Complete this section only if support arrearages are an issue before the court, and attach additional sheets if necessary.)

[illegible]

*****If additional pages are needed here, please make multiple copies of this form.**

VI. CONTEMPT OF COURT – ALL MATTERS EXCEPT SUPPORT

<p>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.</p>
<p>2. When did the alleged acts of contempt occur?</p>
<p>3. What relief are you seeking?</p>
<p>4. Are you asking that the party violating the court order be given jail time? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Estimate the amount of <u>your</u> attorney fees directly related to your contempt claim (you should only respond to this question if you are seeking to enforce a court order) \$</p>

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Was a Rule 10.1 Certificate of Conference filed with your Motion To Compel? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Was reasonable notice of intent to file the Motion To Compel given to opposing party? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)

	PARTY	CHILDREN	TOTAL
A. GROSS MONTHLY INCOME OF PARTY			
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			
TOTAL GROSS MONTHLY INCOME			
B. ITEMIZED PAYROLL DEDUCTIONS			
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)			
TOTAL MONTHLY PAYROLL DEDUCTIONS			
C. TAX LIABILITY (not deducted from payroll)			
1. Federal Income Taxes			
2. State Income Tax			
3. Self Employment Tax			
4. Other			
TOTAL MONTHLY TAX LIABILITY (not deducted from payroll)			
TOTAL NET MONTHLY INCOME			
D. INCOME OF CHILDREN			
1. Social Security			
2. Investment			
3. Trust			
4. Other income of children			
E. MONTHLY EXPENSES (List current, ongoing expenses):			
1. HOUSING			
***See Section E(17) to add other expenses not listed hereunder.			
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.			
	TOTAL MONTHLY EXPENSES			

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

PARISH OF _____

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

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

My commission expires: _____

30

APPENDIX 27.0A: LA. C.C. ART. 102 DIVORCE CHECKLIST

**LOUISIANA CIVIL CODE ARTICLE 102 DIVORCE
Certification of Eligibility for Divorce**

Notice: Must be completed by Mover or their Attorney and filed on or before the Rule date is scheduled for hearing.

Petitioner _____

DOCKET NUMBER: _____

versus

Defendant _____

PARISH OF _____

A. Dates

- | | | |
|--|-------|-------------------------|
| 1. Petition for Divorce: | _____ | Date Petition Filed |
| 2. Parties physically separated: | _____ | Date of Separation |
| 3. Date Petition served/waiver executed: | _____ | Date of Service/ Waiver |
| 4. Rule for Divorce: | _____ | Date Rule Filed |
| 5. Date Rule served/waiver executed: | _____ | Date of Service/Waiver |

B. Time Periods

(Choose either #6 or #7)

6. The parties have minor children, and have been living separate and apart
365 days or more without reconciliation prior to the filing of the rule. ☐ Yes
- OR
7. The parties have no minor children, and have been living separate and apart
180 days or more without reconciliation prior to the filing of the rule. ☐ Yes

C. Petition (La. C.C.P. Art. 3951)

8. Is the petition in the record? ☐ Yes
9. Are proper jurisdiction and venue expressly alleged in the Petition? ☐ Yes
10. Is the Petition verified by the petitioner? ☐ Yes
11. Were the parties living separate and apart at the time of filing, or
was the defendant personally served with the Petition and Citation? ☐ Yes
12. Is the Sheriff's return in the record showing service? ☐ Yes
13. Is the waiver of service in the record? ☐ Yes

D. Rule to Show Cause (La. C.C.P. Art. 3952)

14. Is the Rule in the record? ☐ Yes
15. Date the Rule was filed? ☐ Yes
16. Does the Rule allege:
- a. Proper service of the Petition or waiver of service and notice of the Petition? ☐ Yes
- b. 180/365 days or more have elapsed since service or execution of
a written waiver of service and notice of the Petition? ☐ Yes
- c. The parties have lived separate and apart continuously for 180/365 days
prior to filing of the Rule? ☐ Yes
- ~~d. That Notice was issued pursuant to La. R.S. 13:2491?~~ ☒ ~~Yes~~
17. Is the Rule verified by the Affidavit of the Petitioner? ☐ Yes
18. Was the Rule filed within 2 years of the service of the Petition or execution
of the written waiver of service of the Petition? ☐ Yes
19. Is the Sheriff's return showing service or the waiver of service in the record? ☐ Yes

E. Affidavit of Mover (La. C.C.P. Art. 3956(5)) or Testimony

20. Does the record contain the Affidavit of the mover executed after the Rule was filed, or does
the testimony specifically establish that:
- a. The parties have lived separate and apart continuously for at least
180/365 days prior to the filing of the Rule? ☐ Yes
- b. The parties are living apart at the time of the execution of the Affidavit? ☐ Yes
- c. The mover desires to be divorced? ☐ Yes
21. Was affidavit executed after Rule was filed or was testimony offered at hearing? ☐ Yes

MOVER'S/ATTORNEY'S CERTIFICATION

I hereby certify that I have examined the record in the above-captioned case and the information provided herein is true and correct based upon my personal knowledge, information and belief.

Date of Record Examination

Signed by Petitioner/Attorney for Petitioner

Attorney's Bar Number

Date of Certification

Address

Telephone Number

HEARING OFFICER RECOMMENDATION

Considering the record in this case, the submission of the petitioner/mover's counsel, it being the finding of the Hearing Officer that all legal requirements for granting a divorce under Louisiana Civil Code Article 102 have been met.

IT IS HEREBY recommended that the attached Judgment of Divorce be made the Order of this Court, no objection having been made by either party. _____, Louisiana, this ____ day of _____, 20____.

Hearing Officer

APPENDIX 27.1A: WAIVER OF CITATION, SERVICE, AND NOTICE ON ORIGINAL PETITION IN A LA.-C.C. ART. 102 DIVORCE

VERSUS

JUDICIAL DISTRICT COURT
DOCKET NO. _____
PARISH, LOUISIANA

PETITION FOR DIVORCE – CIVIL CODE ART. 102
WAIVER OF SERVICE AND NOTICE
WAIVER OF CITATION, SERVICE, AND NOTICE ON ORIGINAL PETITION IN A
LA.-C.C. ART. 102 DIVORCE

STATE OF LOUISIANA

PARISH OF _____

BEFORE ME, the undersigned authority, personally came and appeared:

(Print name)

who after being duly sworn did depose and state that:

Affiant does formally and expressly acknowledge receipt of a certified copy of the Petition for Divorce and waive service of the Petition for Divorce filed pursuant to Civil Code Art. 102 in this proceeding, and further waives any accompanying notice required by law including, but not limited to, the notice set forth in R.S. 13:3491.

Sign your Name

Print your name

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

NOTARY PUBLIC

Print name: _____
Bar Roll #: _____
My commission expires: _____

*As required by Code of Civil Procedure Art. 3957(A), this waiver must be executed after the filing of the Petition for Divorce and must be filed in the record of the proceeding.

APPENDIX 27.1B: WAIVER OF SERVICE, NOTICE, AND APPEARANCE ON RULE TO SHOW CAUSE IN A LA.-C.C. ART. 102 DIVORCE

JUDICIAL DISTRICT COURT

VERSUS

DOCKET NO. _____

PARISH, LOUISIANA

RULE FOR DIVORCE – CIVIL CODE ART. 102
WAIVER OF SERVICE, CITATION, AND ALL DELAYS
WAIVER OF SERVICE, NOTICE, AND APPEARANCE ON RULE TO SHOW CAUSE
IN A LA.-C.C. ART. 102 DIVORCE

STATE OF LOUISIANA

PARISH OF _____

BEFORE ME, the undersigned authority, personally came and appeared:

(Print name)

who after being duly sworn did depose and state that:

Affiant does formally and expressly acknowledge receipt of a certified copy of the Rule for Judgment of Divorce pursuant to La. C.C. art. 102 filed herein on the _____ day of _____, 20____ and waive service of the rule to show cause why a divorce should not be granted pursuant to a Petition for Divorce filed under Civil Code Art. 102 in this proceeding, and further waives: (1) the necessity of issuance of formal citation and service of process; (2) all legal delays allowed by law, particularly those delays allowed for answering and/or excepting to the pleading pursuant to Code of Civil Procedure Articles 1001 and 1002; (3) notice of trial pursuant to Code of Civil Procedure Art. 1571 and appearance at trial; (4) necessity of being given notice of the signing of the judgment pursuant to La. CC.P. art. 1913; and (5) the special notice required by La. R.S. 13:3491 and 13:3492.

Affiant acknowledges that the signature hereon will allow mover to go forward with the divorce in affiant's absence, and further understands that mover intends to do so.

Sign your Name

Print your name

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

NOTARY PUBLIC

Print name: _____

Bar Roll #: _____

My commission expires:

***As required by Code of Civil Procedure Art. 3957(B), this waiver must be executed after the filing of the rule for divorce and must be filed in the record of the proceeding.**

APPENDIX 28.3A: ACCEPTANCE OF WAIVER AND WAIVER OF SERVICE AND CITATION AND DELAYS IN A LA. C.C. ART. 103 DIVORCE (FORM)
WAIVER OF CITATION, SERVICE, AND NOTICE IN A LA.-C.C. ART. 103 DIVORCE

VERSUS

JUDICIAL DISTRICT COURT
DOCKET NO. _____

PARISH, LOUISIANA

PETITION FOR DIVORCE – CIVIL CODE ART. 103
ACCEPTANCE OF SERVICE, WAIVER OF CITATION AND DELAYS
WAIVER OF CITATION, SERVICE, AND NOTICE IN A LA.-C.C. ART. 103 DIVORCE

STATE OF LOUISIANA

PARISH OF _____

BEFORE ME, the undersigned authority, personally came and appeared:

(Print name)

who after being duly sworn did depose and state that:

Affiant does formally and expressly: (1) acknowledge receipt of a certified copy of the Petition for Divorce filed pursuant to Civil Code Art. 103 in this proceeding; and accept service thereof; and (2) waive only the items initialed below:

- ___ (a) the necessity of issuance of formal citation and service of process of the original petition;
___ (b) all legal delays allowed by law, particularly those delays allowed for answering and/or excepting to the pleading pursuant to Code of Civil Procedure Articles 1001 and 1002;
___ (c) notice of trial pursuant to Code of Civil Procedure Art. 1571 and appearance at trial; and
___ (d) notice of the entry of the preliminary default pursuant to Code of Civil Procedure Art. 1702(A).

Affiant acknowledges that the signature hereon will allow mover to go forward with the merits of the divorce only in affiant's absence, and further understands that it is mover's intent to do so.

Sign your Name

Print your name

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

NOTARY PUBLIC

Print name: _____

Bar Roll #: _____

My commission expires: _____

APPENDIX 30.0A: SWORN DETAILED DESCRIPTIVE LIST (BLANK)

Petitioner _____

Versus _____

Defendant _____

_____ JUDICIAL DISTRICT COURT

DOCKET NO. _____

PARISH OF _____

STATE OF LOUISIANA

SWORN DETAILED DESCRIPTIVE LIST

BEFORE ME, the undersigned notary public, came and appeared _____ who, after being duly sworn, declared that the following *Sworn Detailed Descriptive List* contains all of the community assets and debts, reimbursement, and accounting claims existing between the parties as of the _____ day of _____, 20____.

Date of Marriage: _____

Date Petition for Divorce Filed: _____

Date of Judgment of Divorce: _____

I. COMMUNITY ASSETS

Property Description	Possessed By	Value
Immovable Property		
1.		
2.		
3.		
4.		
5.		
Banking & Other Financial Accounts		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
Household Furniture & Movables		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
Other		
1.		
2.		
3.		
4.		
5.		

6.		
7.		
8.		

II. COMMUNITY DEBTS

Debt Description	Value
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

III. REIMBURSEMENT CLAIMS

Nature of Claim	Claimed By	Value
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

IV. PROPERTY CLAIMED TO BE SEPARATE

	Property Description	Possessed By	How Acquired	Adjudication by the Court
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Signed by Petitioner

SWORN TO AND SUBSCRIBED BEFORE ME, notary public, on this ____ day of _____, 20____, at _____, _____, _____, California, before me personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, acknowledged to me that he executed the same for the purposes and consideration therein expressed.

_____, 20____ at _____, LA.

Notary Public

Print name: _____

Bar Roll #: _____

My commission expires: _____

APPENDIX 30.0C: JOINT DETAILED DESCRIPTIVE LIST

_____ JUDICIAL DISTRICT COURT

VERSUS DOCKET NO. _____

_____ PARISH, LOUISIANA

JOINT DETAILED DESCRIPTIVE LIST

Party Name: _____
Party Represented By: _____
Date of Marriage: _____
Date Petition for Divorce filed: _____
Date of Judgment of Divorce: _____

I. COMMUNITY ASSETS

	Property Description	Possessed By	Husband Plaintiff Value	Wife Defendant Value	Concur or Traverse with Reasons	Adjudication by the Court (for court use only)
Immovable Property						
1.						
2.						
3.						
4.						
5.						
Banking & Other Financial Accounts						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
Household Furniture & Movables						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
Other						
1.						
2.						
3.						
4.						
5.						
TOTAL COMMUNITY ASSETS			\$	\$	-	-

II. COMMUNITY DEBTS

	Debt Description	<u>Husband Plaintiff Amount</u>	<u>Wife Defendant Amount</u>	Concur or Traverse with Reasons	Adjudication by the Court (for court use only)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL COMMUNITY DEBTS		\$	\$	—	—

III. REIMBURSEMENT CLAIMS

A. HUSBAND A. PLAINTIFF

	Reimbursement Description	<u>Husband Plaintiff Amount</u>	<u>Wife Defendant Amount</u>	Concur or Traverse with Reasons	Adjudication by the Court (for court use only)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL REIMBURSEMENT CLAIM OF HUSBAND PLAINTIFF		\$	\$	—	—

B. WIFE B. DEFENDANT

	Reimbursement Description	<u>Husband Plaintiff Amount</u>	<u>Wife Defendant Amount</u>	Concur or Traverse with Reasons	Adjudication by the Court (for court use only)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL REIMBURSEMENT CLAIM OF WIFE DEFENDANT		\$	\$	—	—

IV. SEPARATE ASSETS

A. HUSBAND A. PLAINTIFF

	Property Description	Possessed By	How Acquired	Adjudication by the Court (for court use only)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

C. WIFE B. DEFENDANT

	Property Description	Possessed By	How Acquired	Adjudication by the Court (for court use only)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

V. SEPARATE DEBTS

A. HUSBAND A. PLAINTIFF

	Debt Description	Incurred By	How Incurred	Adjudication by the Court (for court use only)
1.				
2.				
3.				
4.				
5.				

D. WIFE B. DEFENDANT

	Debt Description	Incurred By	How Incurred	Adjudication by the Court (for court use only)
1.				
2.				
3.				
4.				
5.				

Each party certifies that the items, classifications, and values he/she has listed above is true and accurate as of the ____ day of _____, 20____ to the best of his/her knowledge, information, and belief.

Plaintiff

Defendant

Plaintiff's Attorney

Defendant's Attorney