

APPENDIX FORM 9.12A

Petitioner

No. _____ Div. _____

Versus _____, Louisiana

Defendant

_____ Court

NOTICE OF LIMITED APPEARANCE – FAMILY LAW CASES

1. Attorney, _____ and Client, _____, have agreed that attorney will provide limited scope representation, pursuant to La. Dist. Ct. Rule 9.12, as follows:

2. Attorney will represent the client:
___ at the hearing on: _____, ___ and for any continuance of that hearing;
___ until submission of the order after hearing;
___ until resolution of the issues checked below by trial or settlement; and/or
___ other: _____

3. Attorney will serve as “attorney of record” for the party only for the following issues in this case:
 - a. ___ Divorce: (1)___ 102; (2)___ 103; (3)___ Covenant Marriage
 - b. ___ Child Support: (1)___ Establish; (2)___ Enforce; (3)___ Modify
(describe) _____
 - c. ___ Spousal Support: (1)___ Establish; (2)___ Enforce; (3)___ Modify
(describe) _____
 - d. ___ Protective Orders/Injunctions: (1)___ Order of Injunction;
(2) ___ Injunction Against Harassment or Abuse; (3) ___ Injunction
Against Alienation and Encumbrance of Community Property
(describe) _____
 - e. ___ Child Custody/Visitation: (1)___ Establish; (2)___ Enforce;
(3)___ Modify
(describe) _____
 - f. ___ Paternity: (1)___ Establish; (2)___ Disavow
(describe) _____

g. ___ **Partition/Division of Property:**
(describe) _____

h. ___ **Pension Issues:**
(describe) _____

i. ___ **Contempt:**
(describe) _____

j. ___ **Other:**
(describe in detail) _____

4. By signing this form, or a subsequent Certificate of Acknowledgement of Limited Appearance, client agrees that attorney may withdraw at the completion of the stated representation.

5. The attorney named above is “attorney of record” and available for service of documents only for those issues specifically checked above, and for all other matters, client/party must be served directly at the following address:

Client Name: _____
Street Address: _____, Apt. or Suite: _____
City, State, Zip: _____, _____

6. Attorney contact information:

Attorney Name: _____
Street Address: _____, Suite: _____
City, State, Zip: _____, _____
Phone: _____
Fax: _____
E-mail: _____

THE UNDERSIGNED HEREBY CERTIFY that this form sets forth the limited scope of representation agreed to between the undersigned attorney and client. If the client is not available to sign this agreement at time of filing, a copy bearing his/her signature shall be filed within ten (10) days of the initial filing of this Notice.

Attorney

Client/Party

Date

Date

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of this pleading has been duly served on all counsel of record and/or self-represented parties via facsimile, e-mail, hand delivery, and/or by placing a copy of same in the United States Mail, postage prepaid, this _____ day of _____, _____.

Attorney