

23RD JUDICIAL DISTRICT COURT

Plaintiff

DOCKET NUMBER _____

VERSUS

PARISH OF ASCENSION

Defendant

STATE OF LOUISIANA

HEARING OFFICER AFFIDAVIT

At least five (5) days prior to your HOC, email completed form to HOC@23rdjdc.org or hand deliver to the Gonzales courthouse, 607 E. Worthey, 3rd Floor Judges' Chambers

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-IV. You shall, by order of the court, fully complete ALL sections that apply to your case. OMIT ALL SECTIONS WHICH DO NOT APPLY TO YOU. Fill in the page number blanks at the bottom of the pages you are submitting.

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?

A. CUSTODY / VISITATION BY A PARENT

1. INFORMATION ON PARENTS

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

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 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.

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 joint custody is presumed to be in the best interest of the children, and the party seeking sole custody has the burden of rebutting the presumption in favor of joint custody by clear and convincing evidence):	

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.

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?

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.

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: \$	
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"/>	\$
UN EMPLOYED			
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 of disability benefits, amount per month: \$			
Type (SSI, SSA, worker's comp, etc.):			
Anticipated Duration:			
If you claim you are disabled, but are not receiving disability benefits (SSA, Workmen's comp, Maintenance and Cure, etc.), you must bring copies of your medical records with you to the hearing.			

SELF EMPLOYED

Is your employment managed, controlled, or owned by you, a relative, or family member? Yes No

If yes, give details:

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? Yes 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:

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 <i>other</i> party's employment, usual and customary work hours, travel obligations, income, and benefits:

A. CHILD SUPPORT

1. Is this an initial child support rule? <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 in your pleadings is the material change in circumstance that has occurred since the last judgment was entered?
4. If a modification is requested, is it for an increase or a decrease in support?
5. If your request for a modification is based upon a change in <i>your</i> income or financial circumstances, indicate your gross income at the time the support was last set by the court (and provide a W-2 form or other supporting documentation), and the current amount of support ordered by the court:
6. If there are minor children in this case under five (5) years of age, please indicate the parent with whom the children primarily reside:
7. What is the <i>annual</i> cost of childcare (be sure to include before-school, after-school, holiday, and summer costs in your annual cost)?
Have you applied for childcare assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
How much will childcare assistance pay?
8. Is health insurance for the children available through the employment of either parent(s) or stepparent(s)?
<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Who currently provides health insurance for the children?
10. What is the actual cost of health insurance for <i>only</i> the children – you must provide documentation from your employer or the insurance company to show the difference in cost for employee only coverage, and employee plus children coverage, if the children are covered under a family plan.

11. If there are any children-related medical or dental expenses which are “extraordinary” (allergies, braces, ADHD, etc.) and which require either ongoing monthly payments and/or occasional payments in excess of \$100, or any child-related extracurricular activities, please describe the nature and cost of same:

12. Are there children in private or parochial school whose support is at issue? Yes No

13. What is the annual cost of tuition and fees for children (registration, total annual tuition, books, supply fees, and other mandatory fees): Please itemize separately.

14. Do you get or expect to get tuition assistance? Yes No

How much?

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

16. 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.

17. Are you paying court-ordered child support for other children? Yes No

If yes, for each list:

Parish where issued	Date of Judgment	Amount of Award

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.

B. SPOUSAL SUPPORT

1. If “interim 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 and if said modification is based on a decrease in income, please explain the reason for the decrease.

You are required to complete an Income and Expense Affidavit

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? Yes No

3. Does the non-resident party also seek the exclusive use of the home? Yes No

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? Yes 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 **your** 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? Yes No

11. Is rental reimbursement for the family home an issue? Yes No

IV. CONTEMPT OF COURT – ALL MATTERS EXCEPT SUPPORT

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

2. When did the alleged acts of contempt occur?

3. What relief are you seeking?

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

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

CERTIFICATION

STATE OF _____

PARISH OF _____

BEFORE ME, the undersigned notary public, personally appeared

_____ Who, after being

duly sworn, stated:

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

I CERTIFY that I will send copy of this affidavit to the other party and the hearing officer not less than 5 days before the hearing officer conference date.

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

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

SIGNATURE OF PARTY

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

NOTARY PUBLIC

Print name: _____

Bar Roll #: _____

My commission expires: _____

Revised May 1, 2023