
 Plaintiff

 JUDICIAL DISTRICT COURT

VERSUS

 Defendant

DOCKET NO. _____

 PARISH, LOUISIANA

Filed: _____

 DEPUTY CLERK

FAMILY COURT AFFIDAVIT

STATE OF _____

PARISH/COUNTY OF _____

BEFORE ME, the undersigned Notary Public, personally appeared

 Who, after being duly sworn, stated:

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

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

I CERTIFY that in all child custody and visitation cases, I shall have a continuing duty to advise this Court of any lawsuit concerning the children in this state or any other state which may affect the outcome of this lawsuit (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:

The following pages contain several sections. You shall by order of the court complete each of the sections that apply to your case. Please check the sections you have completed and attached.

- | | |
|--|--|
| <input type="checkbox"/> 1. Child Custody and Visitation Matters | <input type="checkbox"/> 3. Use of Family Home/Community Movables |
| <input type="checkbox"/> 1A. Custody/ Visitation by a Parent | <input type="checkbox"/> 4. Injunctions |
| <input type="checkbox"/> 1B. Custody or Visitation by a Non-Parent | <input type="checkbox"/> 5. Contempt of Court – Child or Spousal Support Matters |
| <input type="checkbox"/> 1C. Relocation of a Child's Residence more than 75 miles or out of state. | <input type="checkbox"/> 6. Contempt of Court - All Matters except Support |
| <input type="checkbox"/> 2. Child Support and/or Spousal Support | <input type="checkbox"/> 7. Motion to Compel Discovery |
| <input type="checkbox"/> 2A. Child Support | <input type="checkbox"/> 8. Income and Expense Sheet (Required for every case involving Child Support, Spousal Support or Contempt involving support matters or monetary payments) |
| <input type="checkbox"/> 2B. Spousal Support | |

1. CHILD CUSTODY AND VISITATION MATTERS

This Section to be completed in all cases involving Child 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'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.

CHILDREN IN THIS CASE	GENDER	CURRENT AGE	DATE OF BIRTH

Where 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? 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 Protection | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Child 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 Children:
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 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? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the answer to the last question is no, and you are the father, have you signed an Act of Acknowledgement? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you listed on the birth certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is there a Judgment of Paternity? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Please give details:</u>

Is paternity contested? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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

2. INITIAL 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? Yes <input type="checkbox"/> No <input type="checkbox"/>	Provide details of any temporary order regarding custody and visitation, with restrictions and conditions, if any. Please attach to this document.
--	--

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 (custody/visitation schedule)
<input type="checkbox"/> Who should be named as "domiciliary parent?"	<input type="checkbox"/> Conditions of 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 custody/visitation arrangement for the **other** parent is in the children's best interest in your opinion? _____

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

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

If you have asked, **in pleadings already filed with the Court**, that the other parent's 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 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)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Give details of the previous judgment on custody and visitation, with restrictions listed, if any.	
If the judgment was a considered decree (after a judge trial), what have you claimed in your pleadings are the material facts affecting custody that have changed since the last judgment?	
Is a temporary order in effect? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer is yes, please give details.	
<hr/> <hr/>	

Areas of dispute before the Court. Please check those that apply.	
Type of custody? Joint custody <input type="checkbox"/> Sole custody <input type="checkbox"/>	Amount of time the children are with each parent (custody/visitation schedule) <hr/>
Who should be named as "domiciliary parent"? <hr/>	Conditions of custody or visitation (restrictions, supervision) <hr/>
What type of custody/visitation for the <u>other</u> parent is now in the children's best interest in your opinion? <hr/> <hr/> <hr/>	
Is shared (about equal) physical custody a feasible arrangement? Yes <input type="checkbox"/> No <input type="checkbox"/> Why or why not? <hr/> <hr/>	
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 overcoming the presumption in favor of joint custody): <hr/> <hr/> <hr/>	
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. <hr/> <hr/> <hr/>	

Do you claim that the other parent has physically or sexually abused you or the children? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer is yes, has a judge or the Department of Children and Family Services found abuse before? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, give details and attach judgment. <hr/> <hr/> <hr/>
Has a mental health, custody or substance abuse evaluation been requested in pleadings filed with the court? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer is yes, list facts which support the request. <hr/> <hr/>

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? Yes 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? Yes No

If the answer to the last question is no, did the father execute an Act of Acknowledgement?
 Is father listed on the birth certificate? Yes No Is there a Judgment of Paternity? Yes No Please give details:

Is paternity in dispute? Yes No

Are the parent(s) of the children no longer living? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, indicate which parent.	MOTHER	FATHER
Are the parent(s) of the children in jail? Yes <input type="checkbox"/> No <input type="checkbox"/> 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)? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, state why.
Have the children expressed a preference on your request for visitation? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to encourage a close relationship between the children and their parents? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you in good physical and mental health? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have special needs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe: _____ _____
Are the children in good physical and mental health? Yes <input type="checkbox"/> No <input type="checkbox"/> Do the children have special needs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe: _____ _____
Describe why you think it is in the children's best interest for you to have visitation: _____ _____ _____
What amount of visitation do you seek? _____ _____
Are you in contact with the children's custodial parent? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe your relationship. _____ _____

4. CUSTODY

Please answer this section if you seek custody

What type of custody do you seek? Sole Custody <input type="checkbox"/> Joint Custody <input type="checkbox"/>
Would substantial harm occur to the children if custody is not granted to you? Yes <input type="checkbox"/> No <input type="checkbox"/> 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? Yes <input type="checkbox"/> No <input type="checkbox"/> 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?

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

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? Yes <input type="checkbox"/> No <input type="checkbox"/> If so please list, and attach copy of the judgment.

2. COURT ORDERS IN EFFECT

Is there a previous court order or judgment awarding custody? Yes <input type="checkbox"/> No <input type="checkbox"/> 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? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer is yes, please details.

Is there a protective order or domestic abuse order in effect? Yes No If the answer is yes, please give details and attach order.

3. PARENT SEEKING TO RELOCATE CHILDREN

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

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

For how long? _____

What is your marital status? _____ Who resides (besides the children at issue) in the home with you?

Do you seek to relocate with the children outside of the State of Louisiana? Yes No

If the answer is yes, where and when? _____

Give details of your reasons for relocation.

Is there a court order awarding custody? Yes No (Attach the last court order)

If the answer is yes, did the court order designate the principal residence of the child or were the parties awarded equal physical custody?

Have you already relocated with the children? Yes No If the answer is yes, give details of the temporary order allowing relocation or written consent of the other parent.

Have you requested a hearing on temporary relocation? Yes No

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

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

Why is relocation in the children's best interest?

4. PARENT OPPOSING RELOCATION OF CHILDREN

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

Where do you currently live? (City, Parish, and State) _____ For how long? _____
What is your current marital status? _____ Who (besides the children at issue) resides in the household with you? _____
Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer is yes, give details of your position and work schedule. _____ _____ _____
Did you receive notice of the proposed relocation of your children? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer is yes, give the date and details.
Why do you oppose the relocation? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently pay child support pursuant to a court order? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer is yes, give the date and details.
Are you current in child support payments? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever been in arrears in payment? Yes <input type="checkbox"/> No <input type="checkbox"/> Give details, including contempt proceedings and judgments.
What is your level of involvement at the current time with your children?
Do you exercise custody/visitation as court ordered? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer is no, give details.
Do you currently have any protective orders or domestic abuse orders in effect against you? Yes <input type="checkbox"/> No <input type="checkbox"/>

2. 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, 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			\$ _____
Travel Allowance			\$ _____
Health and/or Life Insurance			\$ _____
Other (Health club, etc.)			\$ _____

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

UNEMPLOYED
Are you <u>un</u> employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
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, 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, etc.): _____
Was the employment managed, controlled, or owned by you, a relative, or family member? _____ If Yes, give details: _____

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? Yes <input type="checkbox"/> No <input type="checkbox"/> 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? Yes 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? Yes No 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

4. If not, why not? _____

5. What is the date of last employment of the person seeking support? _____

6. State the last income of the person seeking support: Monthly Gross \$ _____ : Monthly Net \$ _____

Please provide as much information as you can regarding the other party's employment, usual and customary work hours, travel obligations, income, and benefits:

IF EITHER PARTY IS PAYING EXTRAORDINARY COMMUNITY DEBTS

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

A. CHILD SUPPORT

1. Is this an initial child support rule or a request to modify a previous child support order? Initial Modify Previous

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

2a. Was child support determined as per Louisiana Support Guidelines? Yes 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? _____

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 **annual** 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? \$ _____
 How much will childcare assistance pay? \$ _____

8. Is health insurance for the children available through the employer of either spouse? Yes No

9. Who currently provides health insurance for the children? _____

10. What is the actual cost of health insurance for **only** 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. If the children’s enrollment in private or parochial school is disputed, please explain your position:

14. 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. _____

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

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. Are you requesting the use and possession of any other assets (furniture, appliances, etc.)? Yes No

12. If the answer is yes, please list and provide an explanation:

13. Is rental reimbursement for the family home an issue? Yes No If so, what is the rental value? \$ _____
Please provide proof.

4.

INJUNCTIONS

COMMUNITY
1. Has either party requested an injunction to preserve the community? Yes <input type="checkbox"/> No <input type="checkbox"/>
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 / HARRASSMENT
1. Has either party requested an injunction to protect a party or children? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. If yes, provide specific facts which support such an injunction.
3. Are Protective Orders in effect? Yes <input type="checkbox"/> No <input type="checkbox"/>
4. If yes, please provide a copy of the petition and order.

5. 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?
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.)

	\$	\$	\$	\$	
	\$	\$	\$	\$	
TOTAL	\$	\$	\$	\$	

6. 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? 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) \$_____

7. MOTION TO COMPEL DISCOVERY

ANSWER TO INTERROGATORIES AND/OR REQUEST FOR PRODUCTION OF DOCUMENTS

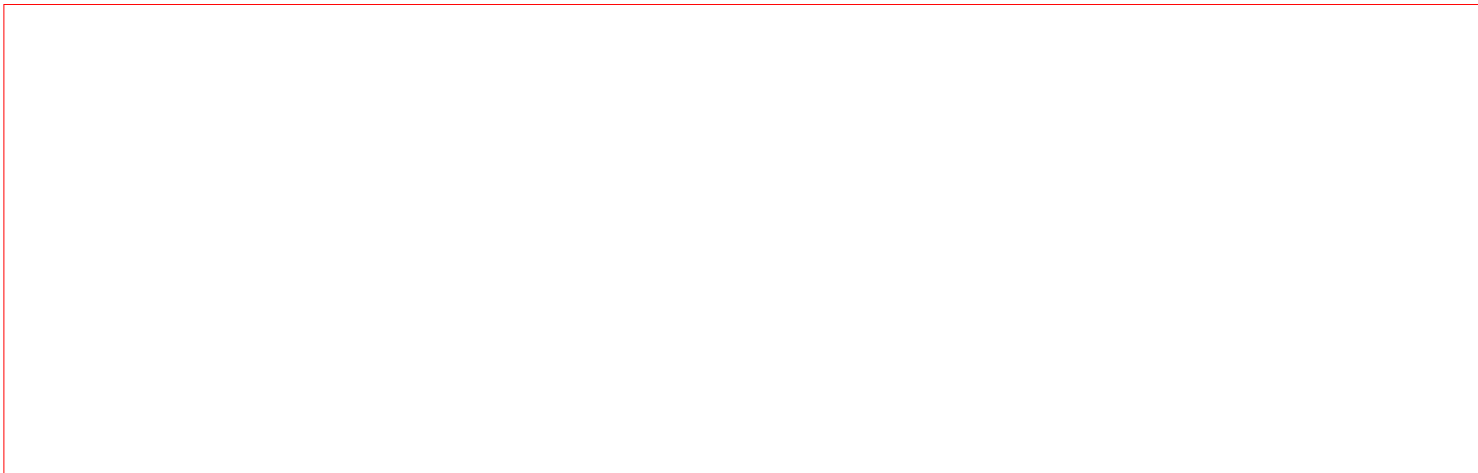
1. Were copies of the interrogatories and the alleged insufficient responses filed with your Motion to Compel? Yes No

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

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

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

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



8.

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

		<u>PARTY</u>	<u>CHILDREN</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>CHILDREN</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 CHILDREN</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>CHILDREN</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			
	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 CARE EXPENSES – NON-WORK RELATED			
a. Daycare			
b. Babysitter			
12. GARNISHMENTS			
13. JUDGMENTS OF CHILD SUPPORT (For children other than those of this relationship)			
14. FIXED OBLIGATIONS			
a. Credit Cards (minimum monthly payment)			
Account	Total Balance		
1.	\$		
2.	\$		
3.	\$		
4.	\$		
5.	\$		
b. Credit Union	\$		
c. Department Store	\$		
d. Disability Insurance			
e. Life Insurance			
f. Other (Please detail)			
15. ENTERTAINMENT/HOLIDAY EXPENSES			

	a. Birthdays			
	b. Holiday expenses			
	c. Gifts from children to others			
	d. Books, magazines, newspapers, etc.			
	e. Entertainment			
		<u>PARTY</u>	<u>CHILDREN</u>	<u>TOTAL</u>
	f. Dining Out			
	g. Other (Please detail)			
	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 children			
	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: