

CASE #: \_\_\_\_\_ VS \_\_\_\_\_

24<sup>th</sup> JDC  
 PARISH OF JEFFERSON  
 STATE OF LOUISIANA

DIVISION \_\_\_\_\_

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**HEARING OFFICER CONFERENCE AFFIDAVIT**

The undersigned party certifies to the Court the accuracy of the information provided below and certifies that a copy has been provided to opposing counsel or unrepresented party and the Hearing Officer at least five (5) Court days (exclusive of weekends and legal holidays) prior to the Hearing Officer Conference.

**ALL QUESTIONS MUST BE ANSWERED. ATTACH ADDITIONAL SHEETS AS NECESSARY.**

<b>A. YOUR PERSONAL INFORMATION</b>		
Your Full Name:		
Address:		
City, State, Zip:		Telephone #:
Social Security # (Optional):	DOB:	Current Martial Status:
Former Spouse(s) (Not in this case)	How Marriage Dissolved (Divorce, Death, etc)	Names & Ages of Minor Children, if any (Not children in this case)

<b>B. NAME(S) OF CHILD(REN) IN THIS CASE. (INDICATE IF N/A)</b>	<b>DATE OF BIRTH</b>	<b>CURRENT AGE</b>

<b>C. OTHER PROCEEDINGS BETWEEN THE SAME PARTIES</b> (Including, but not limited to, Support Enforcement, Domestic Abuse Cases or Juvenile Court Proceedings)	<b>DOCKET NUMBER</b>	<b>STATE / PARISH / COUNTY</b>

<b>D. YOUR CURRENT EMPLOYMENT</b> (Including all full or part time or seasonal work)			
Your Current Employer:			
Address, City, State, Zip:			Telephone #:
Position:	Length of Employment:	Salary/Wages: \$	
Your usual and customary work schedule:			
Other (bonuses, commissions, interest, dividends, rental, royalties, crop income, oil & gas revenue, etc):			
Is your employment managed, controlled, or owned by you, a relative, or family member?			
If Yes, give details:			
Are any of the following supplied to you by your employer?	Yes	No	Value (if actual value unknown, provide estimate)
Housing			\$
Automobile (Year, Make, Model)			\$
Fuel, Mileage, or Credit Card			\$
Meal Allowance			\$
Travel Allowance			\$
Health and/or Life Insurance and/or Auto Insurance			\$
Cell phone			\$
Other			\$

<b>E. OTHER PARTY'S EMPLOYMENT INFORMATION</b>
In the event the other party in this litigation fails to provide submissions to the Hearing Officer, please provide as much information as you can regarding the other party's employment, usual and customary work hours, travel obligations, income and benefits.

<b>F. YOUR PRIOR EMPLOYMENT</b> (All full time, part time or seasonal employment)			
Your Prior Employer:			
Address, City, State, Zip:			Telephone #:
Position:	Length of Employment:	Wages \$	
Other (bonuses, commissions, interest, dividends, rental, royalties, crop income, oil & gas revenue, etc):			
Was that employment managed, controlled, or owned by you, a relative, or family member?			
Were any of the following supplied to you by your employer?	Yes	No	VALUE (If actual value unknown, provide estimate)
Housing			\$
Automobile (year, make, model)			\$
Fuel, Mileage, or Credit Card			\$
Meal Allowance			\$
Travel Allowance			\$
Health, Life Insurance or Automobile Insurance			\$
Cell Phone			\$
Other			\$

<b>G. YOUR CURRENT MARRIAGE/SPOUSE (NOT THE OTHER PARTY)</b> (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, Zip:	
<b>G-2: OTHER ADULT WITH WHOM YOU LIVE</b>	
Name:	Relationship:
This person's current Employer:	Employer Address:

<b>H. YOUR OWNERSHIP OR INTEREST IN A HOME OR REAL ESTATE</b>	
Do you own a home and/or are you paying for a home?	Address, City, State:
Estimated Value: \$	Remaining balance & number of payments:
If you are not buying a home, give the name, address and telephone number of the owner of the residence where you are living:	
Amount of rent (If any) or other arrangement:	
Do you own or have an interest in any other real estate?	
If yes, state the address, the nature of the property and its value:	

<b>I. YOUR OWNERSHIP OR INTEREST IN OTHER SPECIFIC ASSET(S)</b>					
Do you own or have an interest in any of the following:	Yes	No	Value	Balance Owed	Payments or Time Left
Real Estate or homes:			\$	\$	

Automobile(s) (make, model, year):			\$	\$	
Mobile Home(s) (brief description):			\$	\$	
Boat(s) (length and H.P. of motor):			\$	\$	
Livestock:			\$	\$	
Machinery:			\$	\$	
Stocks & Bonds (brief description):			\$	\$	
Checking Account(s) (financial institution):			\$	\$	
Saving Account(s) (financial institution):			\$	\$	
Certificate of Deposit(s) (financial institution):			\$	\$	
Individual Retirement Account (financial institution):			\$	\$	
401(k) Account (financial institution):			\$	\$	
Other Retirement Account(s):			\$	\$	
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, etc.)					

<b>J. CHILD CUSTODY and/or VISITATION</b> (Indicate if this is an Issue before the Court.)	Yes	No
<b>1. AREAS OF DISPUTE BEFORE THE COURT</b>		
Type of custody (joint custody, shared vs sole custody)		
Who should be designated as domiciliary parent?		
When the child(ren) is/are with each parent (visitation schedule)		
Conditions of custody or visitation (restrictions, supervision)		
<b>2. With whom are the children presently residing? How long? Why are they living with this parent?</b>		
<b>3. Is there a custody/visitation order (provisional or otherwise) currently in effect?</b>		
<b>4. Who has been the child's primary caretaker (provide details if necessary)?</b>		
<b>5. What type of custody/visitation arrangement for <i>the other</i> parent is acceptable to you?</b>		
<b>6. If you are seeking sole custody, briefly state the reasons (please note the interim custody is presumed to be in the best interest of a child, and a party seeking sole custody has the burden of overcoming the presumption in favor of joint custody.)</b>		
<b>7. If you have requested <i>in a pleading already filed with the Court</i> that the other parent's custody/visitation privileges should be supervised or should have special conditions or restrictions imposed on the custody/visitation rights, please explain the factual basis for the requested supervision or restrictions:</b>		
<b>8. Will you agree to mediation?</b>		
<b>9. In your pleadings filed with the Court have you requested</b>		

A. custody evaluations		
B: mental health evaluations		
C: substance abuse evaluations		
D: any other type of evaluation or testing, and specify.		
10. What is the factual basis alleged for the requested evaluation?		
11. Please provide any additional information or explanations that relate to child custody or visitation issues, that have not been addressed in any of the numbered sections above (or for which you did not have room above) .		

<b>K. CHILD SUPPORT</b> (Indicate if this is an issue before the Court)	Yes	No
1. Is this an initial support claim?		
2. If a modification is being requested, is it for an increase or a decrease in support?		
3. If your request for a modification is based upon a change in your 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.		
3a. If your request is based upon a change in the party's <i>income and</i> financial circumstances, indicate their gross income at the time the support was last set by the Court (and provide available supporting documentation).		
4. If you are under a court order to pay child support or spousal support to an individual or child in <i>this proceeding</i> please provide the monthly amount, whether it is child support or spousal support (or both), and the name and docket number of the legal proceeding in which the order arose. Attach a copy of the judgment.		
5. If any party is self-employed or employed by a closely-held or family-run business, or one in which he or she has an ownership interest, indicate which party and the name of the business.		
6. If there is a minor child in this case under five (5) years of age, please indicate the parent with whom the child primarily resides.		
7. Are you unemployed?		
8. If so, indicate the last date on which you were employed?		
9. What is the reason for your termination of employment (quit, fired, business closed, etc.)? Attach all documentation.		
10. What is the annual cost of child care (be sure to include before-school, after-school, holiday, and summer costs in your annual cost)?		
11. Is health insurance available through the employer of either party or spouse?		
12. Who currently provides health insurance for the child(ren)?		
13. What is the actual cost of health insurance for only the child(ren)? You must provide documentation from your employer or the insurance company to show the difference in cost for single and family coverage if the child(ren) is/are covered under a family plan.		
14. If there are any child-related medical or dental expenses which are "extraordinary" (allergies, braces, ADHD, etc.) and which require either ongoing monthly payments and/or occasional payments in excess of \$250, please describe.		
15. Is/are there a child or children in private school whose support is at issue?		
16. If the child's enrollment in private school is disputed, please explain your position:		
17. What is the annual cost of tuition and fees for each child (registration, total annual tuition, books, and supply fees)?		
18. If you are seeking a deviation from the Louisiana Child Support Guidelines, state the reason(s) supporting the deviation:		

<b>L. SPOUSAL SUPPORT OR ALIMONY</b> (indicate if this is an issue before the Court)	Yes	No
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1. Are both parties employed?		
2. Is the spouse seeking spousal support currently employed?		
3. If so, where?		
4. Has the spouse seeking spousal support been employed during the marriage?		
5. If not, why not?		
6. What is the date of last employment of the spouse seeking spousal support?		
7. State the last income of the spouse seeking spousal support: \$		
8. What is the income of the spouse from whom support is sought?		
9. If "final periodic spousal support" is being sought by one party and opposed by the other party, please state the basis for seeking or opposing the claim for this form of spousal support (need and freedom from fault versus lack of need, inability to pay, fault) with an explanation.		
10. Is a modification or termination of spousal support being requested?		
11. If your request for a modification (either increase or decrease) is based upon a change in your income or financial circumstances, indicate your gross income at the time the support was last set by the Court (and provide a W-2 from or other supporting documentation):		
12. If your request for a modification is based upon a change in the other party's income or financial circumstances, indicate that other party's gross income at the time the support was last set by the Court (and provide a W-2 form or other supporting documentation):		

**M. ITEMIZATION OF INCOME AND EXPENSES ON A PER-MONTH BASIS. (IF SPOUSAL SUPPORT IS AN ISSUE, OR IF YOU ARE REQUESTING A DEVIATION FROM THE CHILD SUPPORT GUIDELINES, YOU MUST COMPLETE AN INCOME AND EXPENSE SHEET)**

<b>N. USE OF HOME AND/OR OTHER ASSETS</b> (indicate if this is an issue before the Court)	Yes	No
1. Who is currently residing in the former marital residence?		
2. Do you seek exclusive use of the residence?		
3. Does the other party also seek the exclusive use of the residence?		
4. Briefly state the reasons in support of your request to live in the residence (if applicable):		
5. Who has possession of the community vehicle(s) at this time?		
6. Are you requesting the exclusive use of any of those vehicles?		
7. Which one?		
8. Briefly state the reasons in support of your request to have exclusive use of a vehicle (if applicable):		
9. Are you requesting law enforcement assistance in returning to the home to retrieve clothing or other necessary items?		
10. Are you requesting the use and possession of any other assets (furniture, appliances, etc)?		
11. If yes, please list and provide an explanation:		
12. Are you requesting an opportunity to return to the home to obtain these items?		

<b>O. INJUNCTIONS</b> (Indicate if this is an issue before the Court.)	Yes	No
1. Has either party requested an injunction to preserve the community?		
2. If there is a need for an exception to such an injunction (for example, to permit a business to be able to continue to operate) provide a details explanation of the facts supporting the exception:		
3. Has either party requested an injunction against harassment?		

<b>P. CONTEMPT OF COURT</b> (Answer only if enforcement of a court order has been requested in pleadings)	Yes	No
1. Are you asking the Court to enforce the provisions of a prior Court order and/or to find the other party in contempt of court?		
2. If the issue is failure to pay support, please provide the specifics and dollar value(s) of the claim: \$ _____. Also, please complete the following "ledger" in Section Q, listing the date on which a support payment was owed and/or paid, the amount which was owed, the amount which was paid, any arrearage or overpayment, and cumulative arrearage of overpayment.		
3. Are you asking that the party violating the court order be sentenced to jail time?		
4. Estimate the amount of attorney fees and court cost which you believe 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): \$ _____ Attorney Fees; \$ _____ Court Cost.		

<b>Q. SUPPORT PAYMENT HISTORY</b> ( Complete this section only if support arrearage is in issue before the Court.)						
DATE DUE	DATE PAID	AMOUNT OWED	AMOUNT PAID	CUMULATIVE ARREARAGE OR OVERPAYMENT	CHECK OR MONEY ORDER #	NOTES
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**R. OTHER ISSUES**

If (and only if) there are any other issues before the Court which are not addressed in any of the other sections above, or if you need more room to explain something from a section above, please describe them briefly below:

**I HEREBY CERTIFY** that all of the above and foregoing is true and correct to be best of my knowledge, information, and belief, that I will immediately correct any errors which I discover after this *Hearing Officer Conference Affidavit* has been completed and will call those to the attention of the Hearing Officer and the opposing party at the earliest opportunity following discovery of the error.

**I HEREBY CERTIFY** that I have provided a copy of this *Hearing Officer Conference Affidavit* to the Hearing Officer and the opposing party not less than five (5) days (exclusive of weekends and legal holidays) prior to the Hearing Officer Conference.

**I HEREBY CERTIFY** that I am aware that it is a crime to intentionally give a false answer, under oath, to any of the questions or request for information above (LSA-RS 14:123). I further certify that I have attached copies of all financial documentation as ordered by the Court.

\_\_\_\_\_  
Signature of the Party

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
at \_\_\_\_\_, Louisiana.

\_\_\_\_\_  
NOTARY PUBLIC