

Southern University Law Center

DIVORCE/DOMESTIC VIOLENCE LAW CLINIC

Application

This application must be completed before we can make a determination as to whether we can assist you. You must provide proof of your income and a photo identification card. Once your application has been reviewed, you will be contacted by a student attorney or receive a letter in the mail. It is important that you provide a valid address and telephone number. It is not necessary for you to make constant telephone calls to the office. If we cannot represent you, we will notify you promptly. Thank you for applying for legal assistance with our Divorce/Domestic Violence Clinic.

Date: _____ Are you applying for a divorce? Yes No

PART A: GENERAL INFORMATION

Name: _____ Age: _____ Female Male
Last First Middle

Social Security Number (Optional): _____ Date of Birth: _____
MM/DD/YYYY

Current Address: _____
Street Address City/State/Zip Code

Telephone: _____
Home Cell

Email (Optional): _____

Current Household:
 Single Married Separated Divorced Widowed

PART B: SPOUSE'S INFORMATION

Name: _____ Date of Marriage: _____
Last First Middle MM/DD/YYYY

Current Address: _____
Street Address City/State/Zip Code

Date of Separation: _____ Matrimonial Domicile: _____
MM/DD/YYYY

During the marriage, what address did you live together as husband and wife?

Street Address City State Zip Code

PART C:

1. Has there ever been a petition for divorce filed between you and your spouse? Yes No
2. Has there ever been any judgment rendered between you and your spouse? Yes No
(child support, child custody, protective orders, etc.)
3. Are there any children born between you and your spouse? Yes No
 If so, how many? _____

<u>NAMES</u>	<u>DATE OF BIRTH</u>

4. Are you currently pregnant? Yes No
5. Are you currently receiving child support? Yes No
6. Are you seeking child support? Yes No
7. Are you currently paying child support? Yes No

8. Are you seeking child custody? Yes No
9. Do you want the child/children to live with you? Yes No
10. Are there currently visitation arrangements with you and your spouse for the children? Yes No

a. If yes, explain:

11. Are you a victim of Domestic Violence? Yes No
10. Do you currently have a protective order issued against you? Yes No
11. Is there currently a protective order issued against your spouse? Yes No
12. Are you in need of a protective order or permanent injunction to prevent abuse or harassment? Yes No
13. Is your spouse currently incarcerated? Yes No

a. If yes, where is your spouse incarcerated? _____

b. If yes, why is your spouse incarcerated? _____

14. Are you seeking spousal support? Yes No
15. Are you seeking the exclusive use of community property? Yes No
16. Is there currently an outstanding bench warrant issued for you? Yes No
17. Have you ever been convicted of a felony? Yes No
- If yes, when, where and the nature of the offense? _____

18. Are you a member of the armed forces? Yes No
19. Is your spouse a member of the armed forces? Yes No
20. Do you want to resume to the use of your maiden name or another last name? Yes No
- If so, what? _____

21. Please give a brief explanation of the services that you are seeking through Southern University Law Center's Divorce/Domestic Violence Law Clinic.

Mover's Signature

_____ * _____ JUDICIAL DISTRICT COURT
 VERSUS * DOCKET NUMBER: _____ Div. _____
 _____ * _____ PARISH, LOUISIANA

In Forma Pauperis Affidavit

All questions must be answered in full.

Note: Questions 2 and 3 should not be filled in if you are seeking protection from abuse.

1. Your Full Name: _____

Social Security Number (Optional): _____ Date of Birth: _____

Age: _____ Sex: _____

2. Address: _____
 (Box Number or Street Address) (City and State) (Zip Code)
 (See Note above)

3. Telephone Number(s): (HOME) _____ (WORK) _____
 (See Note above)

4. Are you a Student? YES NO If yes, please indicate the name of the school you are attending: _____ Enrollment Status: _____

5. Current Household: Single: Married: Separated: Divorced: Widowed: Intimate partner:

How many children do you support who are under 18? _____

How many children live with you? _____ Do you have any other dependents? _____

State the Name, Age and Relationship to you of the children and dependents:

NAME	AGE	RELATIONSHIP

6. What is your current Occupation? _____ Are you employed? YES NO
 (If yes, please complete the following Employer Information)

Name of Employer: _____

Address: _____
 (Street Address) (City and State) (Zip Code)

Telephone Number: _____ How long have you been employed? _____

(If you are not employed, please provide information of your last employer)

Name of last employer: _____

Address: _____
 (Street Address) (City and State) (Zip Code)

How long have you been unemployed? _____

What were your monthly wages? _____

7. Gross Income: (a) State your gross earned income from wages and how you are paid:
 Weekly? Bi-Weekly? Monthly? Amount/month \$ _____

(b) Apart from income or support listed in response to question 8(b) below, how much other income do you receive on a monthly basis? \$ _____

(c) Monthly Deductions: Federal Income Tax: \$ _____ FICA: \$ _____ \$ _____

(d) Other deductions: (explain) _____

TOTAL NET MONTHLY INCOME: (Add question 7 (a) + (b) less (c)) \$ _____

8(a). If you are married and live with a spouse, please answer:

Is your spouse employed? _____ What is the occupation of your spouse? _____

Is your spouse paid Weekly? Bi-Weekly? Monthly? Amount/month \$ _____

Name of spouse's employer: _____

Address: _____

(Street Address) (City and State) (Zip Code)

Telephone Number: _____ How long has spouse been employed? _____

8(b). Do you or your spouse receive any of the following income or support? YES NO

If yes, state the monthly amount. SSI: \$ _____ Disability: \$ _____

Worker's Comp: \$ _____ Unemployment Benefits: \$ _____

Food Stamps: \$ _____ TANF: \$ _____ Child Support: \$ _____

Spousal Support: \$ _____ Kinship Care Subsidy Grant: \$ _____ Other: \$ _____

If you are a client of a legal services program funded by the Legal Service Corporation or a Pro Bono Project that receives referrals from a legal services program and have a combined income from questions 7 and 8 that is less than or equal to 125% of the federal poverty level, skip all parts of question 9, and continue with question 10 on the next page.

9. Do you own or have an interest in any of the following? (Including community property)

A.	VALUE OF INTEREST	BALANCE OWED
HOUSE	\$ _____	\$ _____
AUTOMOBILE	\$ _____	\$ _____
TRUCK	\$ _____	\$ _____
WATERCRAFT	\$ _____	\$ _____
LIVESTOCK	\$ _____	\$ _____
MACHINERY	\$ _____	\$ _____
STOCK	\$ _____	_____
BONDS	\$ _____	_____
CERTIFICATES OF DEPOSIT	\$ _____	_____
OTHER IMMOVABLE PROPERTY	Equity \$ _____	Debt \$ _____

DO YOU HAVE A BANK ACCOUNT(S)? YES NO Amount in account(s): \$ _____

CHECKING SAVINGS Name and Location of Bank: _____

TOTAL VALUE OF ASSETS: \$ _____

B. i. List your Monthly Expenses:

Rent: \$ _____	Cable: \$ _____	Car Note: \$ _____
Lot Rent: \$ _____	Garbage: \$ _____	Car Insurance: \$ _____
House Note: \$ _____	Medical Insurance: \$ _____	Transportation: \$ _____
House Insurance: \$ _____	Medical Expenses: \$ _____	Food: \$ _____
Gas: \$ _____	Dental Expenses: \$ _____	Barber/ Beauty: \$ _____
Electricity: \$ _____	Prescriptions: \$ _____	Entertainment: \$ _____
Water: \$ _____	Life Insurance: \$ _____	Grooming Supplies: \$ _____
Telephone: \$ _____	Daycare: \$ _____	Garnishment: \$ _____
Property Taxes: \$ _____	Child Support: \$ _____	Other: \$ _____

Total Amount of section i: \$ _____

ii. Credit cards: (List type of card and monthly payment)

Card Name	Monthly Payment
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Amount of section ii: \$ _____

iii. Financial Loans: (List the financial institution and your monthly payment)

Financial Name	Monthly Payment
_____	_____
_____	_____
_____	_____

Total Amount of section iii: \$ _____

TOTAL MONTHLY EXPENSES: (Add 9B (i+ii+iii) =Total Monthly Expenses) \$ _____

10. Does anyone regularly help you pay your expenses? YES NO
 (a) If yes, state that person's name and relationship to you.
 Name: _____ Relationship: _____
 (b). Do you have any additional income or assets that are not shown above? YES NO
 If you answered yes to either (a) or (b), please explain:

11. If you have an attorney, what arrangements have you made to pay your attorney's fee? What amount, if any, have you paid? (You are required to answer fully.)

12. Has your attorney or the Notary Public told you that you may go to jail if you intentionally give a false answer to any of the above questions? YES NO

MOVER'S AFFIDAVIT

STATE OF LOUISIANA
 PARISH OF _____

BEFORE ME the undersigned authority personally came and appeared:

who, after being duly sworn, deposed and said:

1. He/She provided the information above; that the information is furnished to the court for the purpose of requesting permission to litigate the above captioned lawsuit without paying the costs in advance or as they accrue or furnishing security therefor.
2. That the above information is a true and correct statement of his/her financial condition.
3. That the pleading and all allegations of fact therein are true and correct; and that because of his/her poverty and want of means, he/she is unable to pay the costs of court in advance or as they accrue, nor is he/she able to provide security therefor.
4. He/She has read and understands the privilege contained in the notice below.

NOTICE

Although you may be granted the privilege of proceeding without prepayment of costs, **SHOULD JUDGMENT BE RENDERED AGAINST YOU. YOUR STATUS AS A PAUPER DOES NOT RELIEVE YOU OF THE OBLIGATION TO PAY THESE COSTS.**

The privilege to proceed *IN FORMA PAUPERIS* is restricted to litigants who are clearly entitled to do so, with due regard to the nature of the proceeding, the court costs which otherwise would have to be paid, and the ability of the litigant to pay them or to furnish security therefor, so that the indiscriminate filing of lawsuits may be discouraged, without depriving a litigant of the benefit of proceeding *in forma pauperis* if he/she is entitled to do so.

 Mover's Signature

SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public in _____,
 Louisiana, this ____ day of _____, 200__.

 NOTARY PUBLIC

THIRD PARTY AFFIDAVIT

STATE OF LOUISIANA
PARISH OF _____

BEFORE ME, personally came and appeared: _____,
who, after being sworn, deposed and said that he/she knows _____,
well and that he/she knows that because of his/her poverty and want of means, he/she is unable
to pay the costs of court in advance or as they accrue, nor is he/she able to provide bond therefor.

Signature of Witness

SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public in _____,
Louisiana, this ____ day of _____, 200__.

NOTARY PUBLIC

LEGAL SERVICE PROGRAMS' DECLARATION

I **ATTEST** that I am a duly authorized representative of a Legal Services Program funded
by the Legal Service Corporation or a Pro Bono Project that receives referrals from one of these
Legal Service Programs, and that _____ has produced evidence
that he/she receives public assistance benefits, or that he/she has qualified to receive free legal
services based on his/her income being less than or equal to 125% of the federal poverty level
and therefore is entitled to a rebuttable presumption that he/she is entitled to the privilege of
litigating without prior payment of costs.

Legal Services Program or Pro Bono Project Representative

ORDER

Considering the foregoing Pleading and Affidavits:

let _____ prosecute or defend this litigation in accordance with
Louisiana Code of Civil Procedure, Article 5181, et. seq., without paying the costs in advance or
as they accrue or furnishing security therefor.

THUS, READ AND SIGNED, this ____ day of _____, 200__, in
_____, Louisiana.

DISTRICT JUDGE