

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

NO: _____ DIV. _____

VERSUS

THE FAMILY COURT

PARISH OF EAST BATON ROUGE

STATE OF LOUISIANA

MOTION TO PROCEED IN FORMA PAUPERIS

NOW INTO COURT comes _____, who respectfully represents that he/she is a citizen of the State of Louisiana and is unable to pay the costs of court because of his/her poverty and lack of means, and therefore moves this Honorable Court for authorization to proceed *in forma pauperis*.

WHEREFORE mover prays that he/she be allowed to prosecute or defend this litigation in accordance with Louisiana Code of Civil Procedure articles 5181, *et seq.*, without paying the costs in advance or as they accrue, or furnishing security therefor.

PERSONAL AND FINANCIAL INFORMATION

NOTE: *All questions must be answered in full. Do not leave any space empty.*

1. Full Name: _____

SSN: XXX-XX-____ DOB: _____ Sex: _____

2. Address: _____

3. Telephones – Home: _____ Cell: _____

4. Marital Status – Single: ____ Married: ____ Divorced: ____ Living with someone _____

5. How many children live with you? _____ How many children under 18 do you support? _____

Do you have other dependents? _____ *Please provide the following information for all dependents:*

<i>Name</i>	<i>Age</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Are you a student? _____ If yes, what school are you attending? _____

_____ Dates of enrollment: _____

_____ Anticipated graduation date: _____

7. What is your occupation? _____ Are you employed? _____

If yes, provide your current employment information. If no, provide your last employment information.

Employer name: _____ Address: _____

_____ Telephone: _____

8. How long have you been currently employed or unemployed? _____

9. Income

- a. What is your monthly gross income? _____
- b. How much other income do you receive per month? _____
- c. How much is your monthly federal income tax? _____
- d. How much is your monthly FICA? _____

(Add line a and b, then subtract line c, line d, and line e)

TOTAL NET MONTHLY INCOME _____

Please attach proof of income to this form. You may provide copies of your recent paycheck, the prior year's tax return with all attachments, or W2 forms and 1099 forms if no tax return was filed.

10. Is your spouse employed? _____ What is his/her occupation? _____

What is his/her monthly gross income? _____

11. Please state the monthly amount of income that you or your spouse receive from these sources:

Worker's Comp: _____ Food Stamps: _____ Kinship Care: _____
 SSI: _____ TANF: _____ Other: _____
 Unemployment: _____ Child Support: _____
 Disability: _____ Spousal Support: _____

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

Type	Value	Balanced	Owed
House	_____	_____	_____
Automobile	_____	_____	_____
Watercraft	_____	_____	_____
Livestock	_____	_____	_____
Machinery	_____	_____	_____
Stock	_____	_____	_____
Bonds	_____	_____	_____
Certificate of Deposit	_____	_____	_____
Other Immoveable Property:	_____	Equity: _____	Debt: _____
Bank Account: Value	_____	Name and location of bank:	_____

13. Please list your monthly expenses:

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

TOTAL MONTHLY EXPENSES: _____

14. Please list any credit cards that you have:

Card type/name

Monthly payment

15. Please list any financial loans that you have:

Financial institution name/loan type

Monthly payment

16. Does anyone regularly help pay your expenses? If so, state the person's name and relationship to you: _____

17. Please state any additional income or assets not reported above: _____

18. If you have an attorney, what arrangement have you made to pay the attorney fee, and what amount have you paid? _____

19. Do you understand that you may go to jail if you give false information on this form? _____

AFFIDAVIT OF MOVER

PARISH OF EAST BATON ROUGE

STATE OF LOUISIANA

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in this state and parish, personally came and appeared _____, who after being sworn, declared:

1. that 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 information; and
3. that 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 therefore, 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 this _____ day of _____, 2014, at
Baton Rouge, Louisiana.

NOTARY PUBLIC
Marcia Harris-Burden
Bar Roll No. 20565

AFFIDAVIT OF THIRD PARTY

STATE OF LOUISIANA

PARISH OF EAST BATON ROUGE

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in this state and parish, personally appeared _____, who after being sworn, declared that he/she knows the mover, _____, well and that he/she knows that because of the mover's poverty and want of means, the mover is unable to pay the costs of court in advance or as they accrue, nor is the mover able to furnish security therefor.

Third Party Signature

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 2014, at Rouge, Louisiana.

NOTARY PUBLIC
Marcia Harris-Burden
Bar Roll No. 20565

LEGAL SERVICE PROGRAMS' DECLARATION

I ATTEST that I am a duly authorized representative of the Southern University Law Center's Clinical Education Program (Law Clinic) and/or a Pro Bono Project that receives referrals from one of the 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.

Marcia Harris-Burden, Clinical Law Professor
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Southern University Law Clinic
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Telephone: (225) 771-3373, Fax (225) 771-3383

ORDER

Considering the foregoing, let the mover herein 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 DONE AND SIGNED this _____ day of _____, 2014, in Baton Rouge, Louisiana.

JUDGE, THE FAMILY COURT