

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

LastFirstMiddle

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

MM/DD/YYYY

Current Address: _____

Street AddressCity/State/Zip Code

Telephone: _____

HomeCell

Email (Optional): _____

Current Household:

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

PART B: SPOUSE’S INFORMATION

Name: _____ Date of Marriage: _____

LastFirstMiddleMM/DD/YYYY

Current Address: _____

Street AddressCity/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 AddressCityStateZip 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?
(child support, child custody, protective orders, etc.)

☐ Yes ☐ No
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

(PETITIONER)

VERSUS

(DEFENDANT)

NO: _____ DIVISION _____

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 Court for authorization to proceed *in forma pauperis*.

WHEREFORE Mover prays that this Court allow him/her 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.

Respectfully submitted,

(SIGNATURE)

(PRINTED FULL NAME)

(STREET ADDRESS)

(CITY/STATE/ZIP CODE)

(TELEPHONE NUMBER)

Considering the above and foregoing Motion:

IT IS ORDERED that the mover herein shall 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.

THUS DONE AND SIGNED this _____ day of _____, 20_____, at
Baton Rouge, Louisiana.

JUDGE, THE FAMILY COURT

(PETITIONER)

NO: _____ DIVISION _____

VERSUS

THE FAMILY COURT

PARISH OF EAST BATON ROUGE

STATE OF LOUISIANA

(DEFENDANT)

IN FORMA PAUPERIS WORKSHEET

NOTICE

Although you may be granted the privilege of proceeding without prepayment of costs, should a 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.

All of the following 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: _____ CELLULAR: _____

4. MARITAL STATUS (circle one): single married divorced living with someone

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

How many other dependents do you have? _____

Please provide the following information for all dependents:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Are you a student? _____ If yes, what school do you attend? _____

Date of enrollment: _____ Anticipated graduation date: _____

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

Provide your current employment information, or your last employment information:

EMPLOYER: _____ ADDRESS: _____

TELEPHONE: _____

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

9. INCOME (add lines a and b, then subtract lines c, d, and e)

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?

\$ _____

e. How much are your other monthly deductions?

\$ _____

TOTAL NET MONTHLY INCOME:

\$ _____

You must attach proof of income to this form. You may provide copies of your most recent paycheck, last year's tax return, or a W2 or 1099 form 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 that you or your spouse receive from these sources:

Worker's Comp:	\$ _____	Food Stamps:	\$ _____
Social Security:	\$ _____	Kinship Care:	\$ _____
Unemployment:	\$ _____	TANF:	\$ _____
Disability:	\$ _____	Child Support:	\$ _____
Spousal Support:	\$ _____	Other:	\$ _____

12. Do you own or have an interest in any of the following?

Type	Value	Balance Owed
Home	\$ _____	\$ _____
Auto	\$ _____	\$ _____
Watercraft	\$ _____	\$ _____
Stocks/Bonds	\$ _____	\$ _____
Certificate of Deposit	\$ _____	\$ _____
Other	\$ _____	\$ _____

Bank Account Value: \$ _____ Name and location: _____

13. Please list your monthly expenses:

Rent/Mortgage:	\$ _____	Prescriptions:	\$ _____
Home Insurance:	\$ _____	Life Insurance:	\$ _____
Property Tax:	\$ _____	Daycare:	\$ _____
Gas:	\$ _____	Child Support:	\$ _____
Electricity:	\$ _____	Garnishment:	\$ _____
Cable:	\$ _____	Auto Note:	\$ _____
Water:	\$ _____	Auto Insurance:	\$ _____
Garbage:	\$ _____	Transportation:	\$ _____
Telephone:	\$ _____	Food:	\$ _____
Cell Phone:	\$ _____	Entertainment:	\$ _____
Medical Insurance:	\$ _____	Personal/Grooming:	\$ _____
Medical Expenses:	\$ _____	Other:	\$ _____
Dental Expenses:	\$ _____	Other:	\$ _____

14. Please list any credit cards or financial loans that you have:

Financial Institution/ Loan Type / Credit Card	Monthly Payment
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

15. Does anyone regularly help pay your expenses? _____ If so, state the person's name and his/her relationship to you? _____

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

17. If you have an attorney, what arrangements have you made to pay the attorney's fee and what amounts have you paid? _____

LEGAL SERVICE PROGRAM 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 the mover herein 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 or *Pro Bono* Representative

(PETITIONER)

NO: _____ DIVISION _____

VERSUS

THE FAMILY COURT

(DEFENDANT)

PARISH OF EAST BATON ROUGE

STATE OF LOUISIANA

AFFIDAVIT OF MOVER IN SUPPORT OF *IN FORMA PAUPERIS* MOTION

STATE OF _____

PARISH/COUNTY OF _____

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

He/she provided the foregoing information, which is furnished for the purpose of requesting to litigate the above captioned matter without paying the costs in advance or as they accrue, or furnishing security therefor; and

The information is a true and correct statement of his/her information and further that he/she understands that he/she may go to jail if he/she gives false information.

SIGNATURE

SWORN TO AND SUBSCRIBED before me this _____ day of _____,
20_____, at _____.

NOTARY PUBLIC

AFFIDAVIT OF THIRD PARTY IN SUPPORT OF *IN FORMA PAUPERIS* MOTION

STATE OF _____

PARISH/COUNTY OF _____

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in this state and parish, personally appeared _____ who after being duly sworn, did depose and state that he/she knows Mover well, and that he/she knows that because of Mover’s poverty and want of means, Mover is unable to pay the costs of court in advance or as they accrue, or is unable to furnish security therefor.

SIGNATURE

SWORN TO AND SUBSCRIBED before me this _____ day of _____,
20_____, at _____.

NOTARY PUBLIC